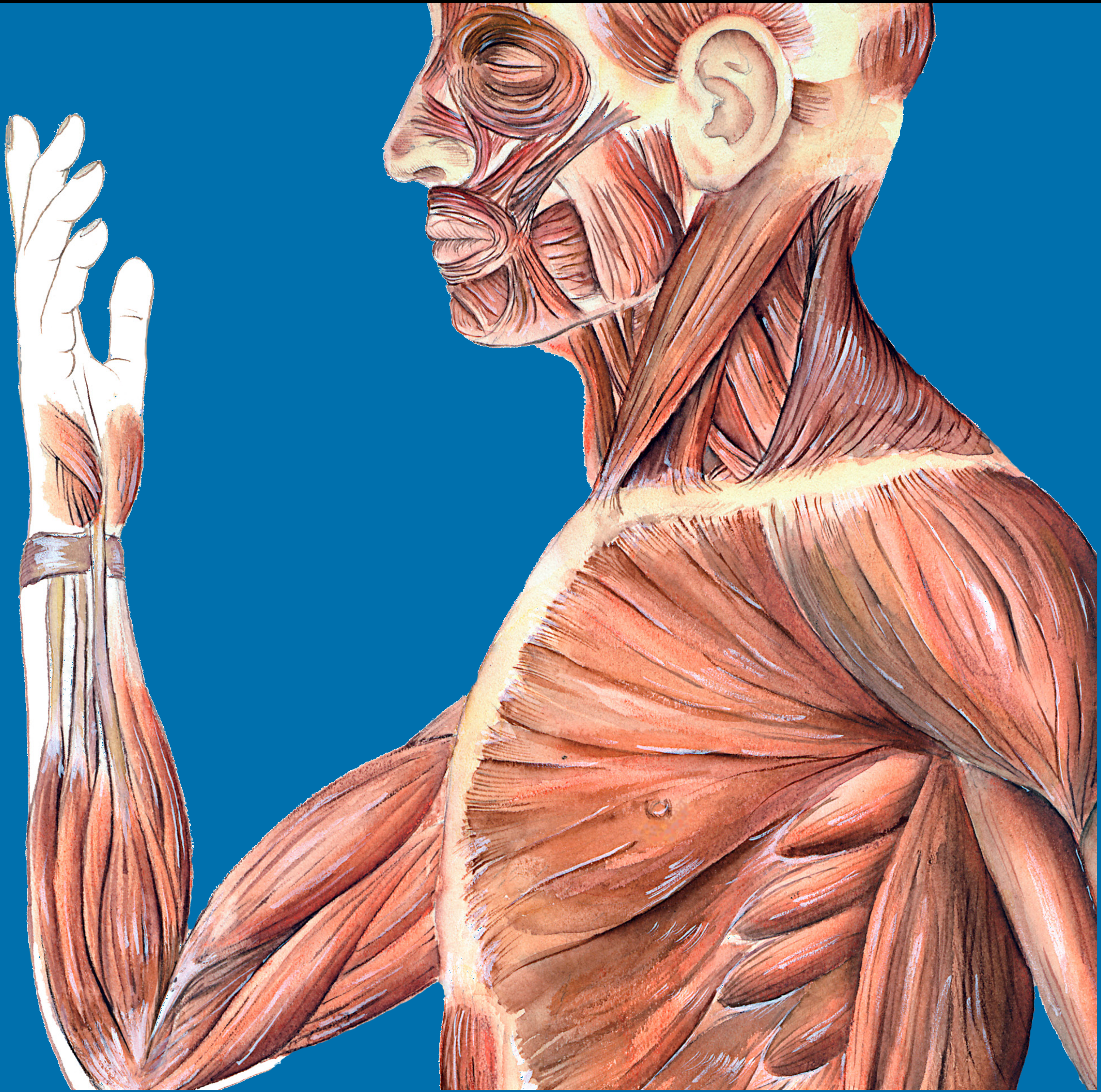
CLINICAL KINESIOLOGY

VOL II: PELVIS AND THIGH



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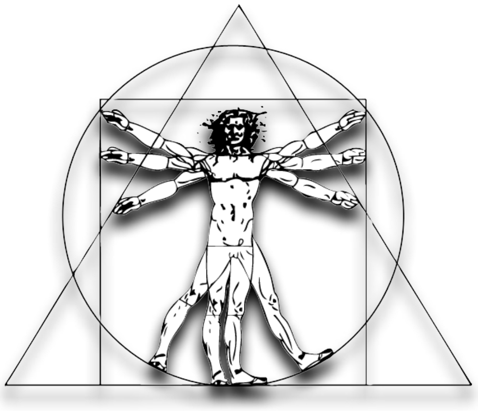

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DEDICATION

by the late Dr. Alan Beardall

To my wife without whose
encouragement and support this
book would not be possible,

AND

To my patients in the hope that the
knowledge gained by their suffering
and pain may be of benefit to all
Mankind.

ACKNOWLEDGEMENTS

Contributions to this work have been made by numerous people, the most significant having been made by George Goodheart, D.C. Others whose contributions have been invaluable include Timothy W. Brown, D.C., for his editing and Marlon Furtado, D.C. and Joel Ito for their artwork. Special consideration is given to Cris Gilbert, Janie Pearcy and Nancy Collins.

Others who have helped me develop ideas and who have given me support while I was in the writing stage include Orval Ladd, D.C., Kim D. Christensen, D.C., Mark Wetzel, D.C. and Craig Buhler, D.C. Still others deserving of credit are the members of I.C.A.K., the interns at the Lake Grove Chiropractic Clinic, Charles Blodgett, D.C., Jeffrey Fitzthum, D.C., Rod Newton, D.C., Charlotte Anthonisen, D.C., and Patrick McClure, D.C. Each has my most sincere gratitude and thanks for jobs well done.

PREFACE

I first became interested in Applied Kinesiology while I was a student at Los Angeles College of Chiropractic. As I became more involved with the treatment of track and field injuries, I found that Dr. Goodheart's contributions to the treatment of musculoskeletal injuries were truly valuable. This gave me the impetus to become more proficient in the basic Applied Kinesiology procedures. By the Summer of 1975 I was qualified for diplomate status. Treatment successes (and in some instances, failures) using Dr. Goodheart's information on the original forty-five muscles placed an increasing demand on me for information on muscle groups beyond that already available. By 1975 it was apparent that Dr. Goodheart was involved in many other research projects, and if further information on muscle therapeutics was to be forthcoming, it would be through personal research efforts. With these considerations in mind I undertook the task of researching and presenting this information for the other members of the profession. The process was slow and difficult at first, but by following some of the concepts Dr. Goodheart originally presented and by constantly testing and monitoring results, a measure of understanding was achieved.

The information that follows represents four years of clinical research into muscle testing and treatment using Applied Kinesiology procedures. It is provided to supplement existing information regarding diagnosis and treatment of muscular hypokinesia using Applied Kinesiology. Further information about Applied Kinesiology can be obtained from the International College of Applied Kinesiology, 542 Michigan Building, Detroit, Michigan 48226.

INTRODUCTION

In order to preserve the trademark and originality of Dr. George Goodheart's work in Applied Kinesiology, this series is titled *Clinical Kinesiology*. Clinical Kinesiology refers to observations and findings which have proven to be consistent and practical over a period of time within an Applied Kinesiological clinical practice.

The work that follows is an outgrowth of such research by Alan G. Beardall, D.C , in his personal practice at Lake Oswego, Oregon, and is not intended to reflect a consensus of information or opinion in the field of Applied Kinesiology. It is hoped that sharing this information will help improve musculoskeletal diagnosis and treatment and will give us a better understanding of the complexity of this marvelous vehicle we call the body.

This volume is the second in a series of seven workbooks each of which will contain information about muscles pertaining to a given region of the body. *Muscles of the Pelvis and Thigh* covers all the muscles between the crest of the ilium and the knee and includes several muscle divisions not commonly defined in current literature but which have been found to be of great value clinically. All muscle tests are clearly demonstrated. It is hoped that we will be able to provide a comprehensive work on all the significant muscles of the body in this manner.

Each workbook will contain muscle worksheets which identify factors contributing to muscular hypokinesia. The worksheets are very similar to those used in our office and provide what we feel is the basic information necessary to diagnose and effectively treat a local muscle aberration. The information is laid out so that items in regular print are most pertinent to the anterior surface of the body (while patient is supine) and items in italics pertain to the posterior surface of the body (while patient is prone). It is stressed that this is a workbook only and is designed for clinical application. A further explanation of its contents and of the procedures for evaluation and treatment of muscle and cranial dysfunction, visceral organ reflexes, lymphatics, gait and cloacal imbalances, etc. is available in the *Clinical Kinesiology Instruction Manual* [1]. Further information about Applied Kinesiological procedures may be obtained in the works of Goodheart,[2] Walther [3] and Stoner.[4]

[1] Beardall, Alan G., D.C. Clinical Kinesiology. Instruction Manual, 1551 N Pacfic Hwy, Woodburn, OR 97071

[2] Goodheart, George D.C. AppliedKinesaology, Workshop Procedural Manual, Annual Research Supplements, 542 Michigan Building, Detroit, Michigan 48226.

[3] Walther, David, D.C Applied Kinesiology, The AdvancedApproach to Chiropractic, Systems D.C., 275 W. Abriendo, Pueblo, Colorado 81004.

[4] Stoner, Fred, D.C. The Eclectic Approach to Chiropractic, F.L.S. Publishing Co., Las Vegas, Nevada.

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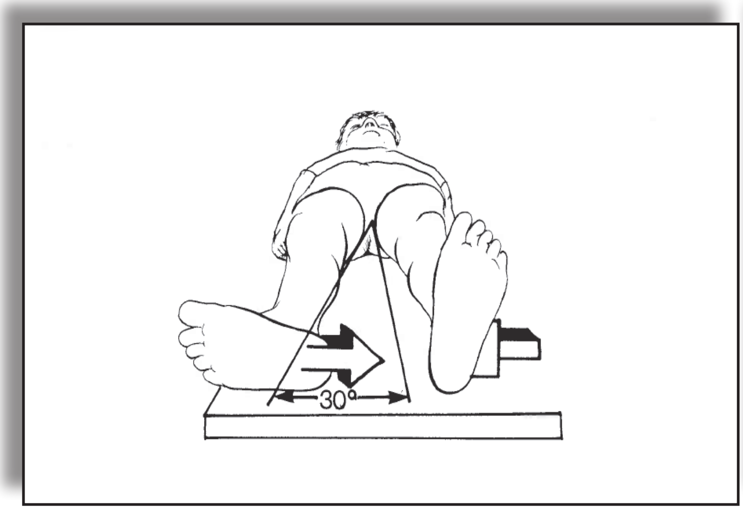
CHAPTER I:

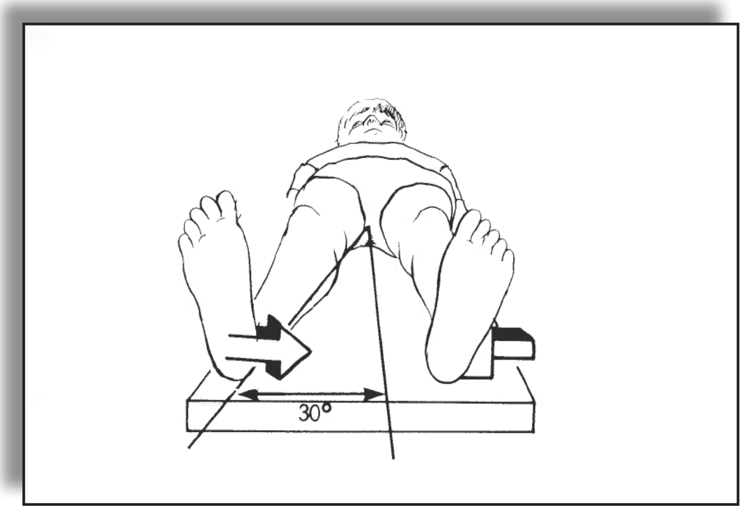
KINESIOLOGICAL TESTING AND EXAMINATION PROCEDURE

GROUP VI

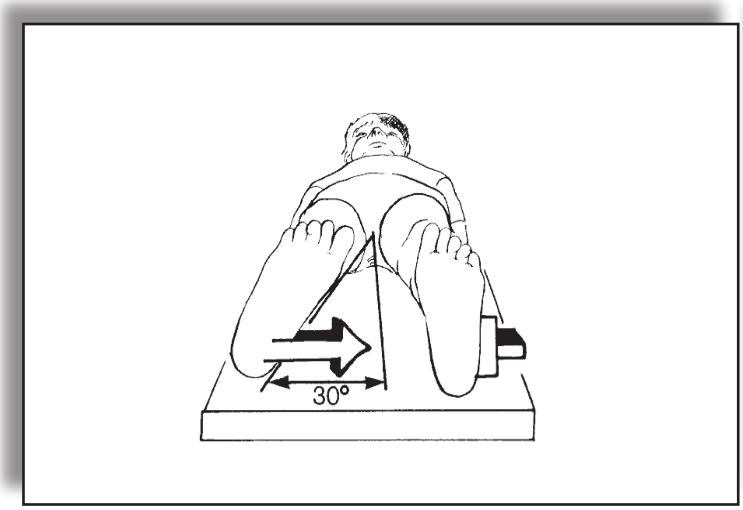
Muscle Affecting the Femur, Patient Supine, Leg Straight, Dr. at End of Table, Both Ankles



780 Gluteus Medius (Posterior Division)



782 Gluteus Medius (Middle Division)



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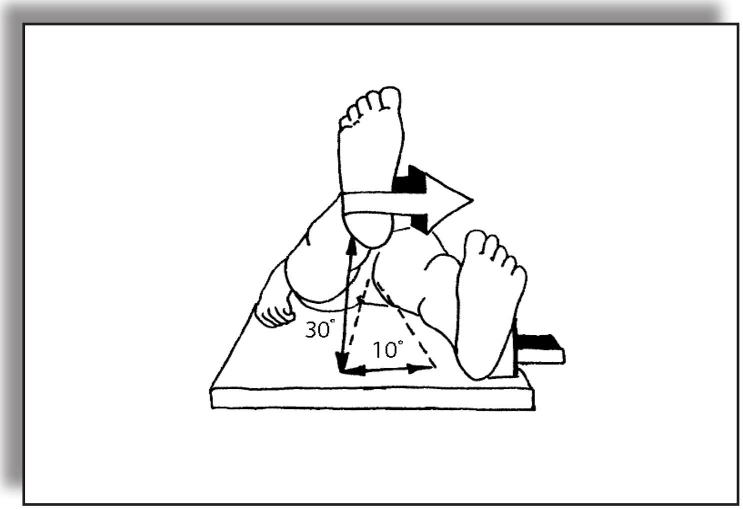
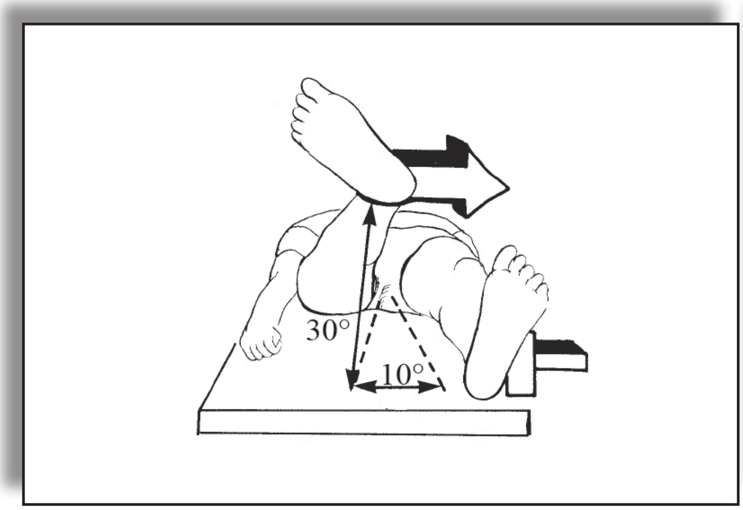
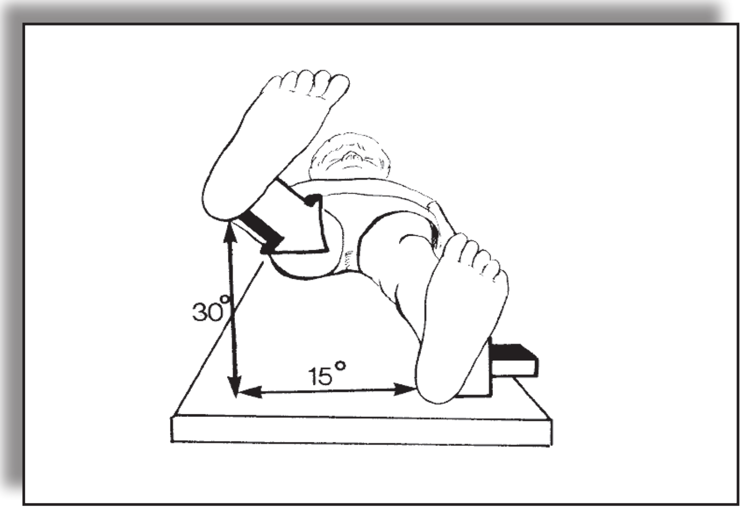


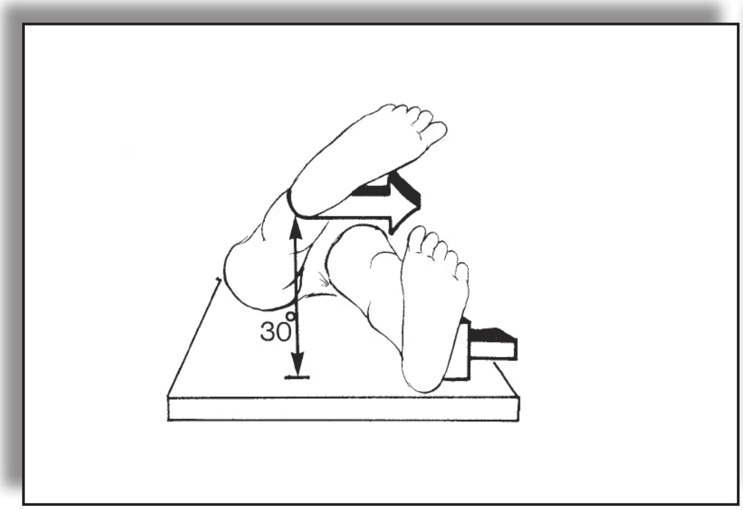
786 Gluteus Mimimus (Anterior Division)



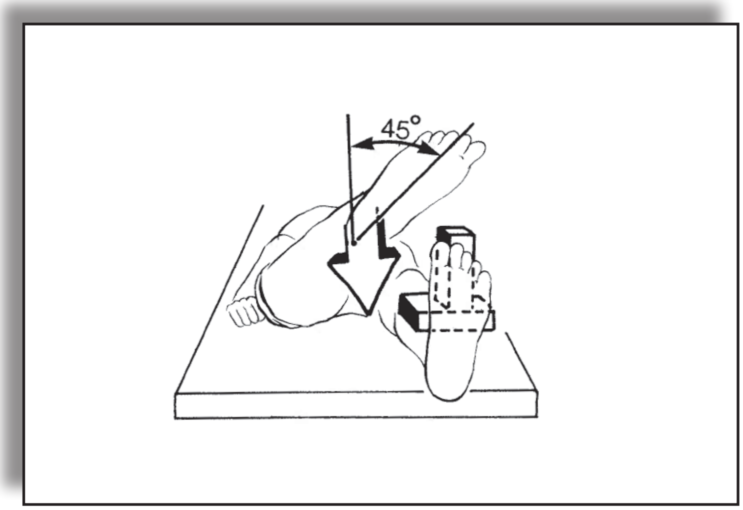
788 Gluteus Mimimus (Posterior Division)



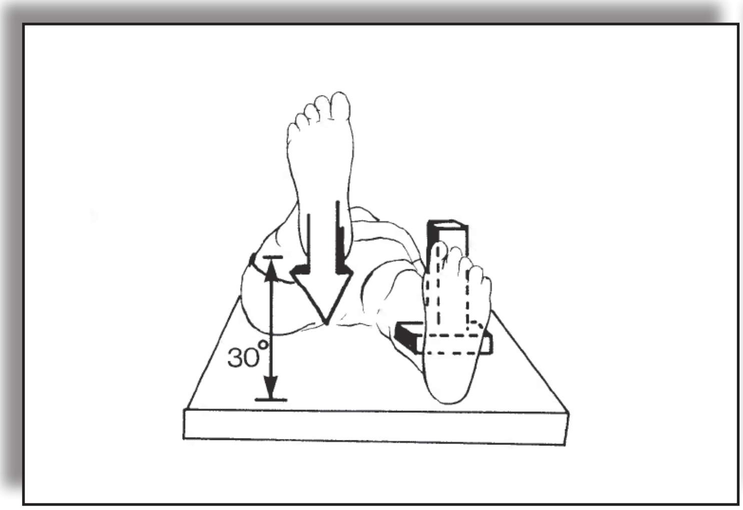
790 Tensor Fascia Lata (Anterior Division)



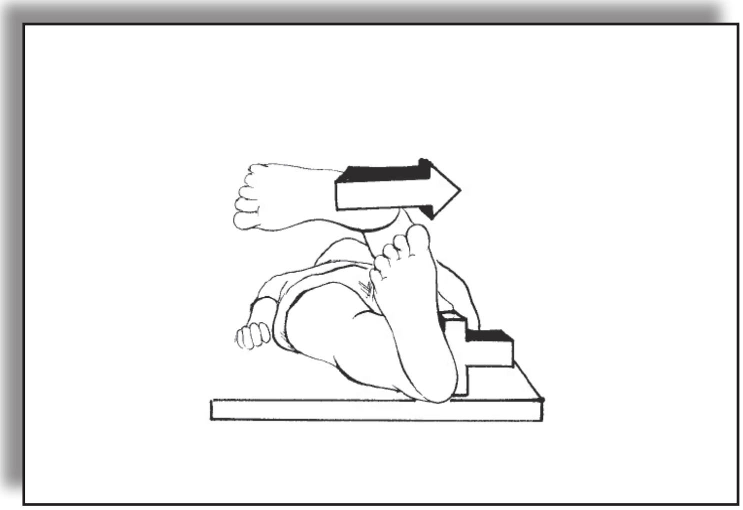
792 Tensor Fascia Lata (Posterior Division)



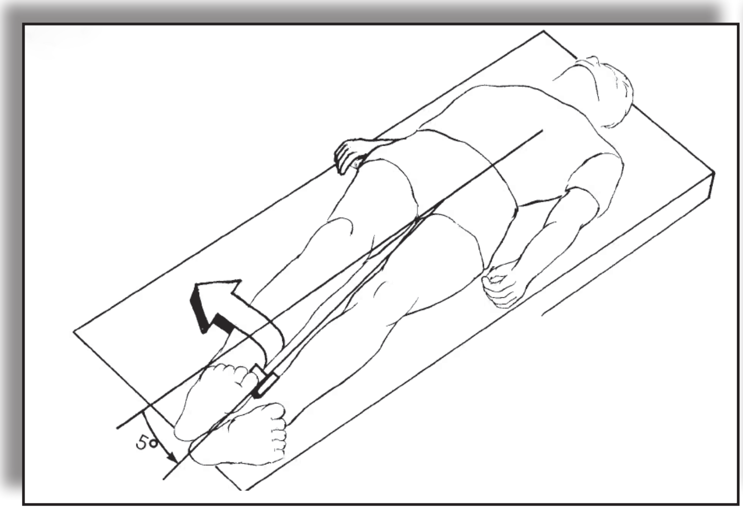
794 Rectus Femoris (Reflected Head)



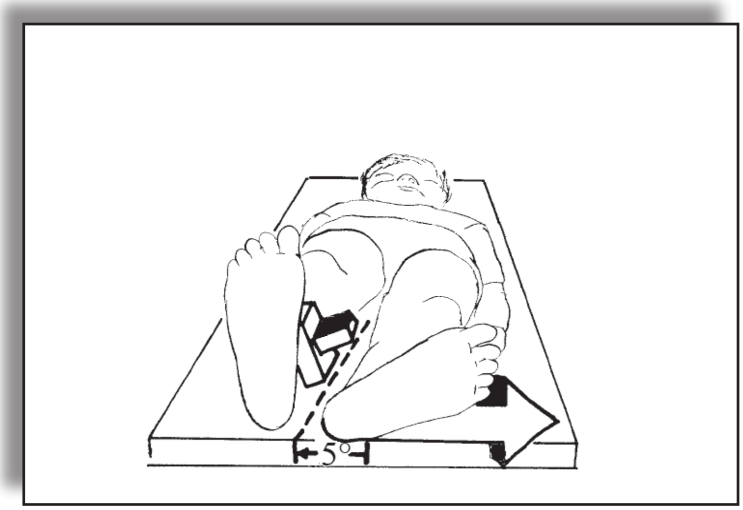
796 Rectus Femoris (Straight Head)



800 Adductor Brevis



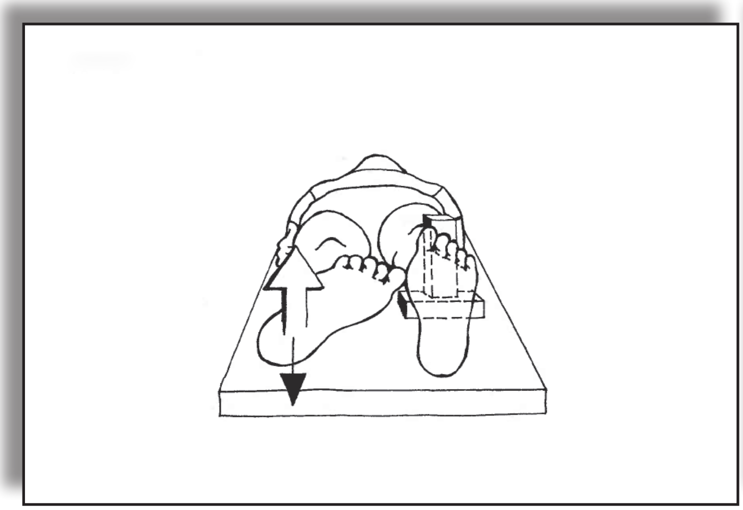
804 Adductor Longus (Inferior Division)



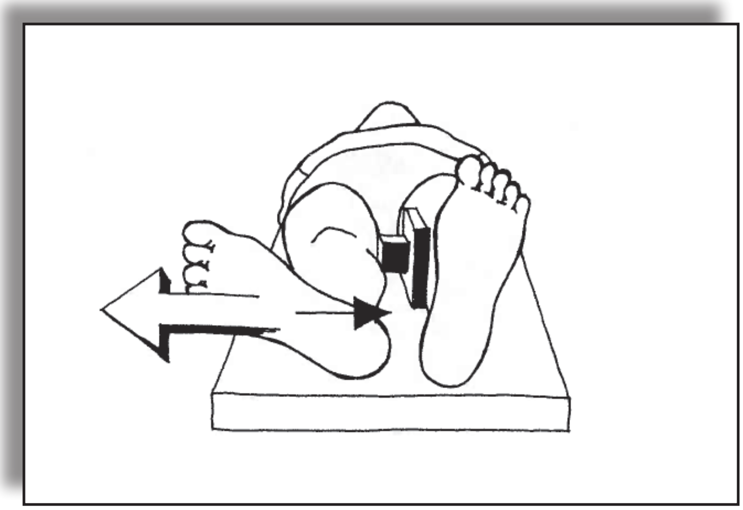
806 Adductor Longus (Superior Division)

GROUP VI continue

Muscle Affecting the Femur, Patient Supine, Leg Straight, Dr. at End of Table, Both Ankles



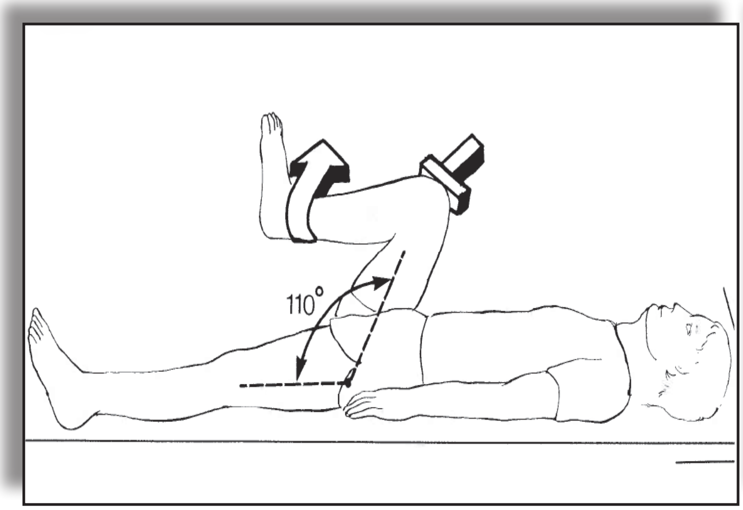
842 Adductor Magnus (Vertical Division)



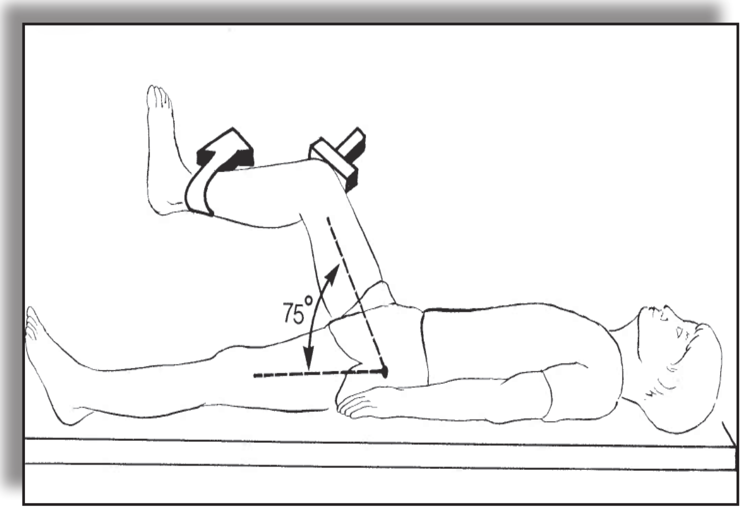
844 Adductor Magnus (Oblique Division)

GROUP VII

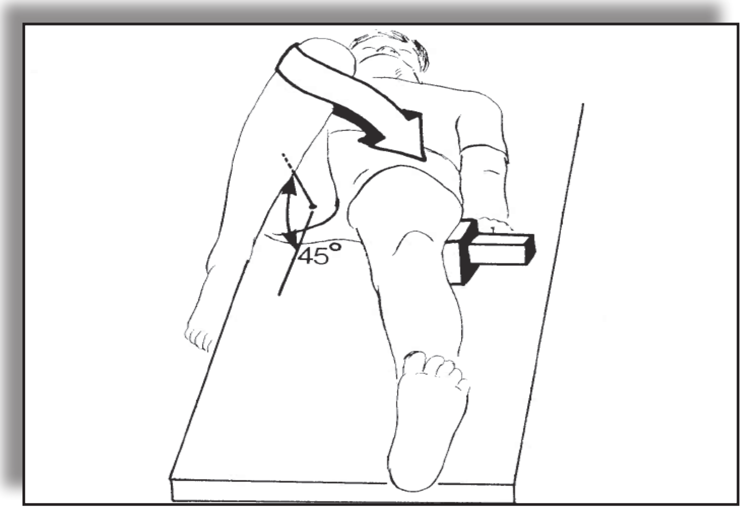
Muscle Affecting the Femur, Patient Supine, Knee Flex, Dr. at Side of Table



812 Obturator Externus



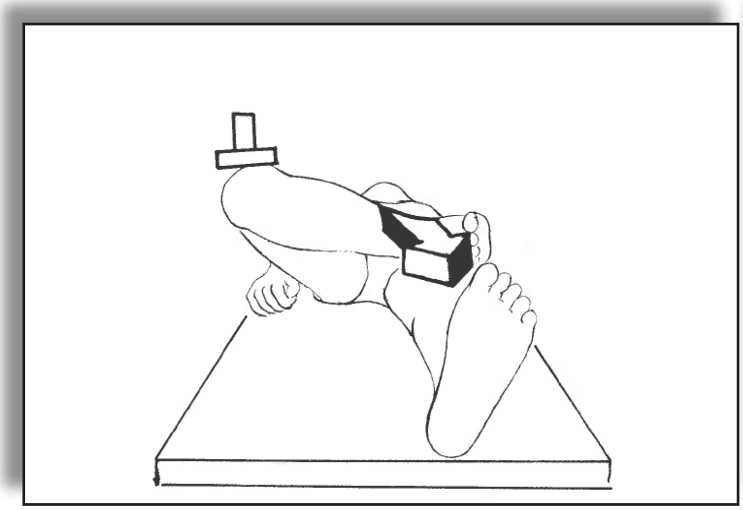
814 Quadratus Femoris



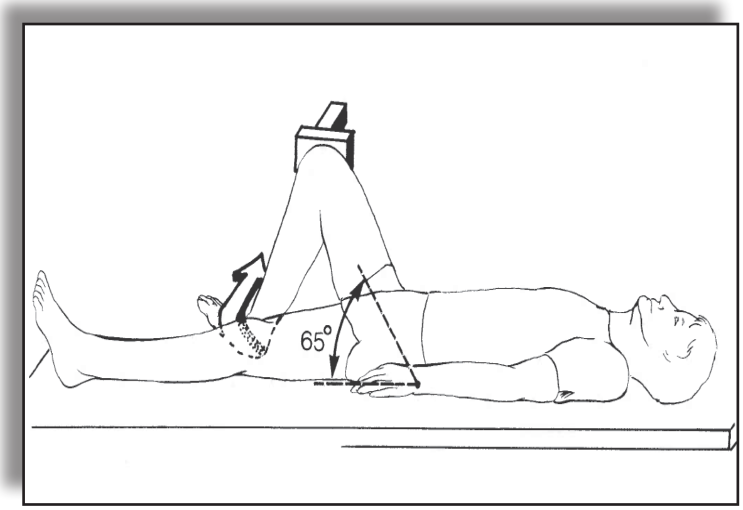
822 Obturator Internus

GROUP VIII

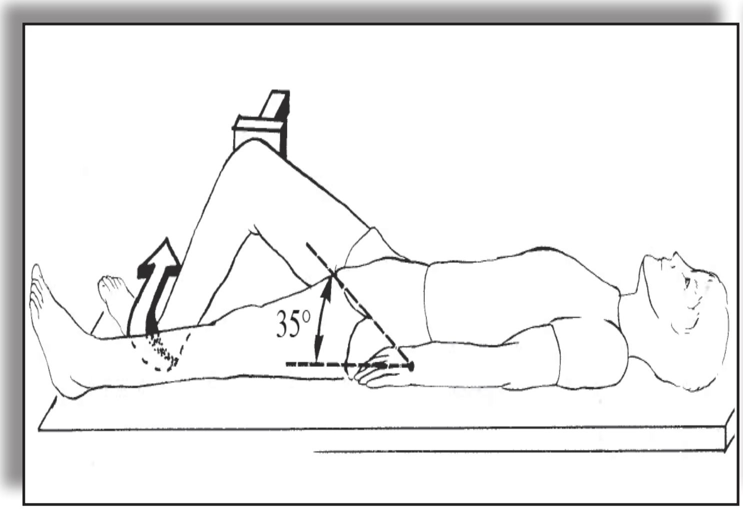
Muscle Affecting the Knee, Patient Supine, Knee Flexed, Dr. at Side of Table



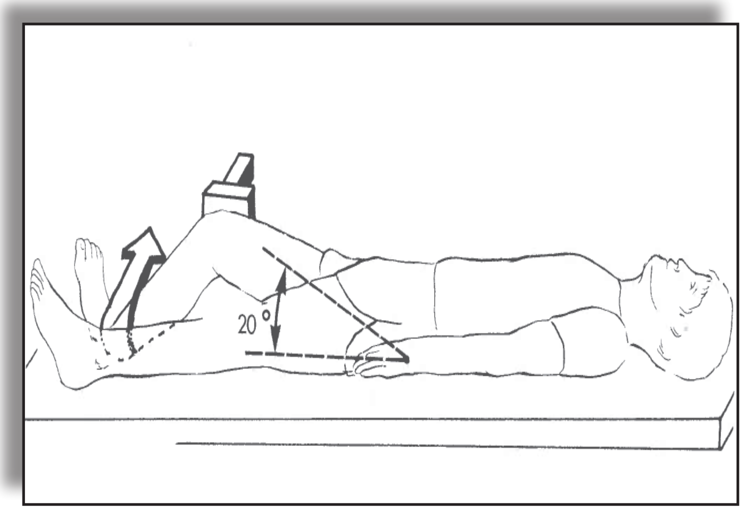
810 Sartorius



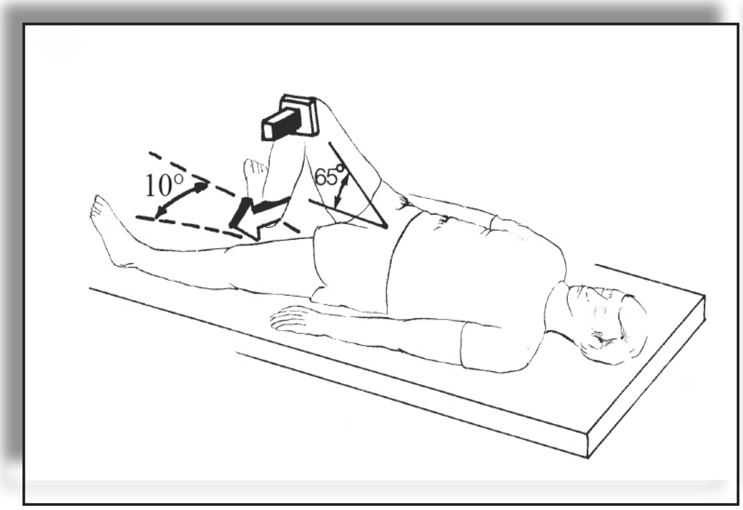
816 Vastus Medialis (Upper Division)



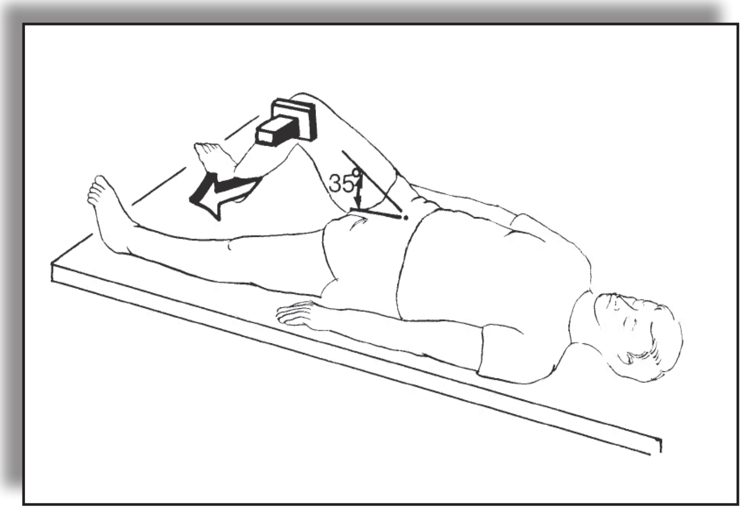
818 Vastus Medialis (Middle Division)



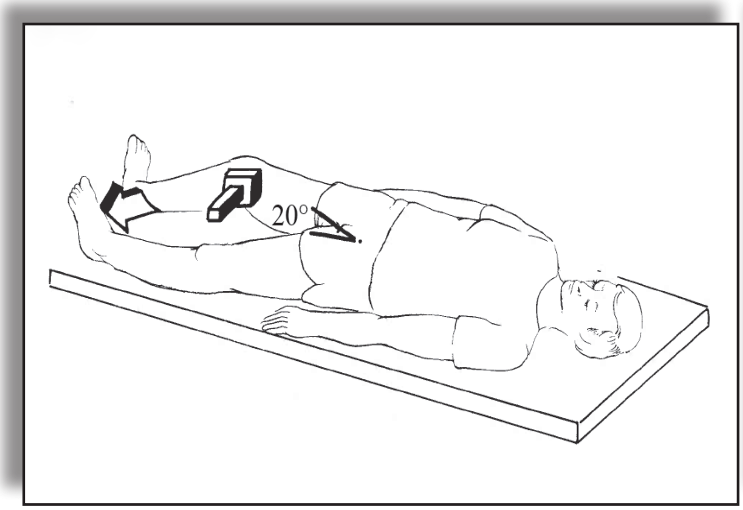
820 Vastus Medialis (Lower Division)



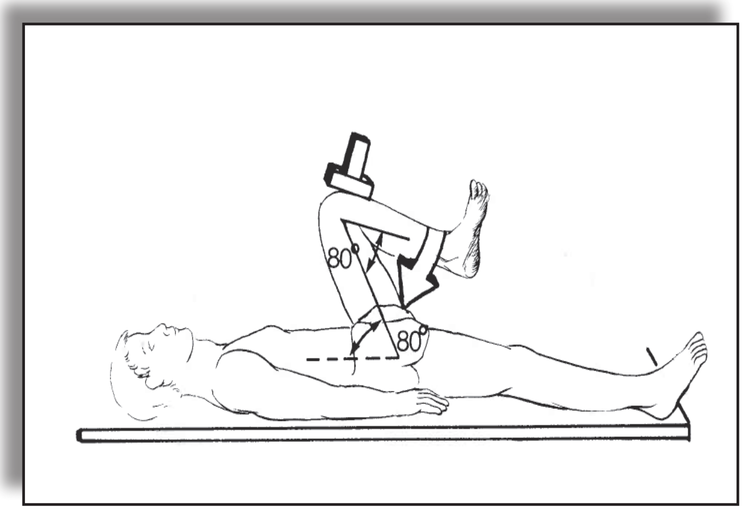
830 Vastus Lateralis (Superior Division)



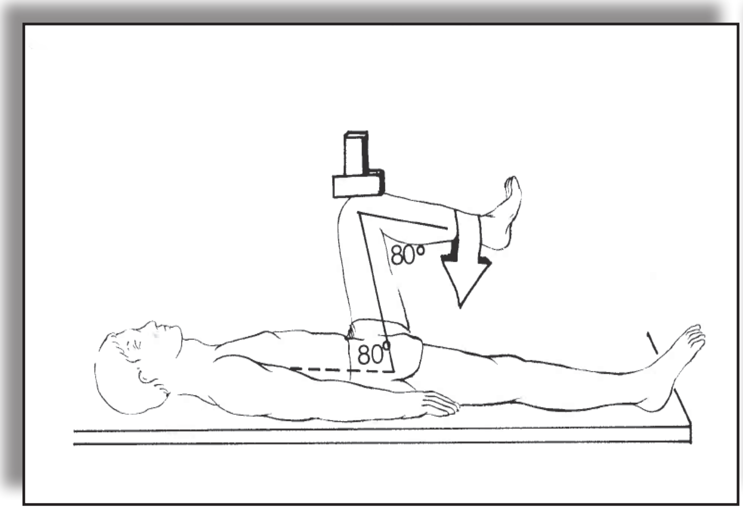
832 Vastus Lateralis (Middle Division)



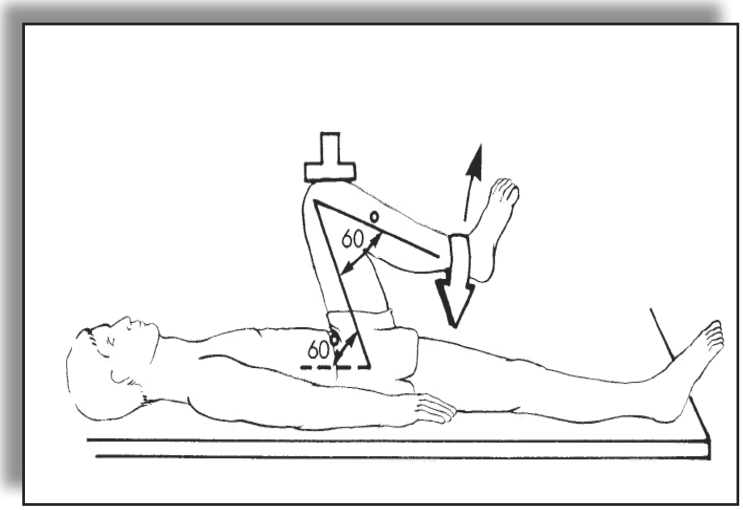
834 Vastus Lateralis (Lower Division)



836 Vastus Intermedius (Medial Division)



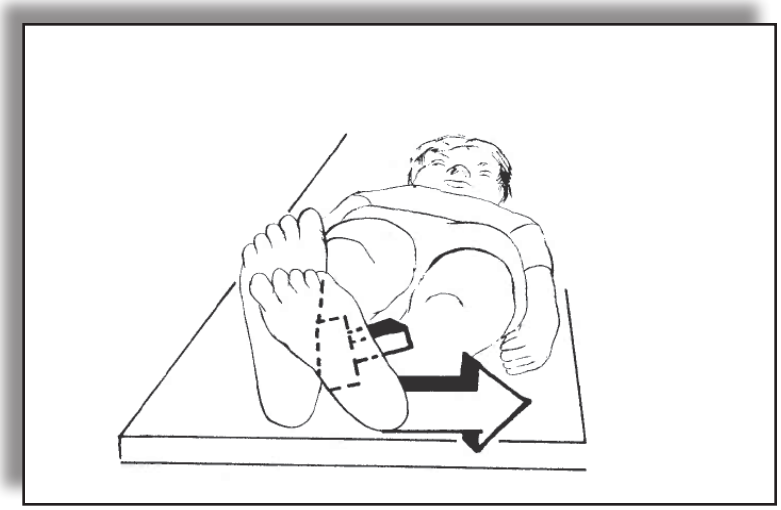
838 Vastus Intermedius (Lateral Division)



840 Articularis Genu

GROUP IX

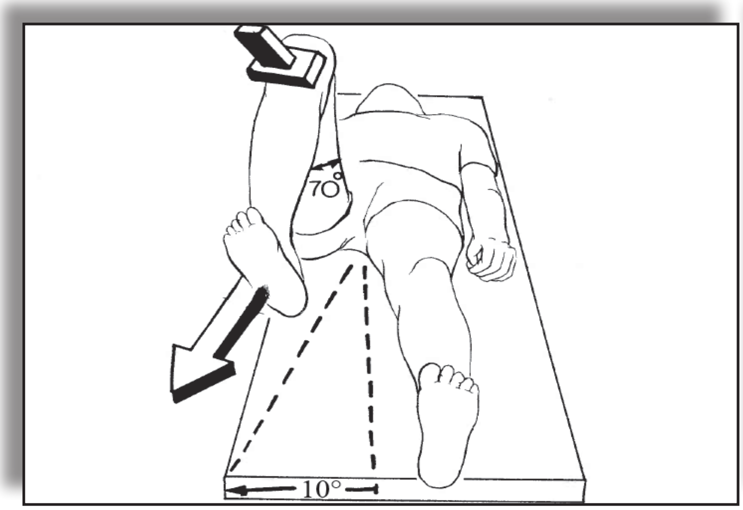
Muscle Affecting the Knee, Patient Supine, Knee Straight, Dr. at End of Table



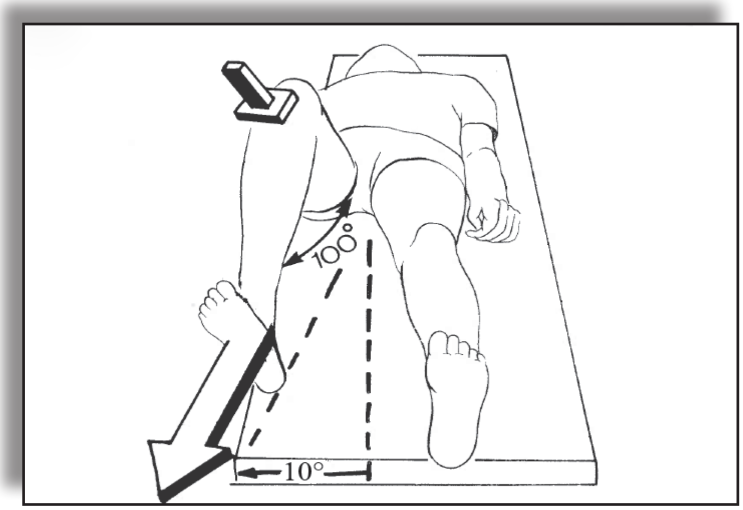
808 Gracilis

Group X

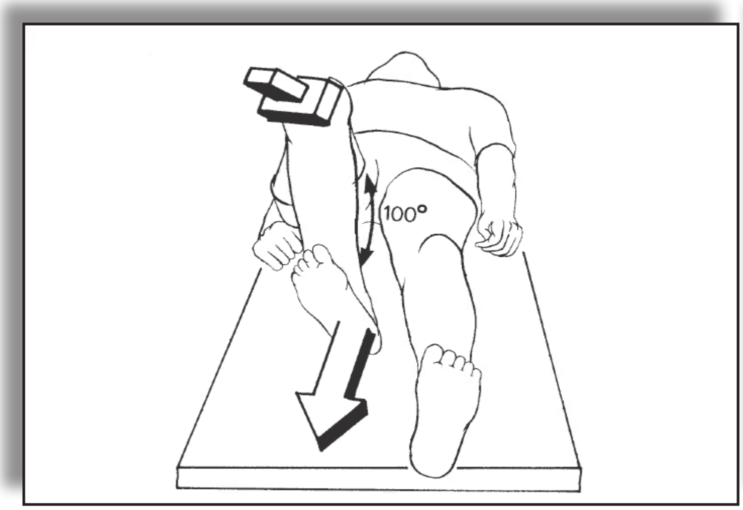
Internal and External Rotators of Knee, Patient Supine, Knee Flexed, Dr. at side of Table



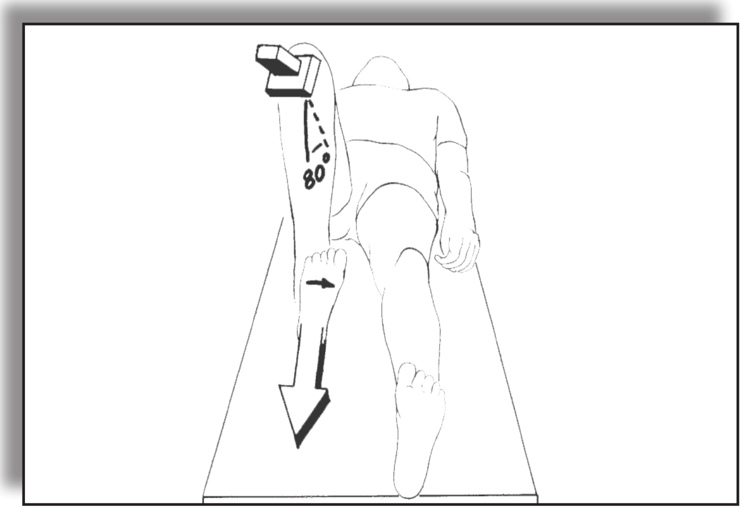
824 Biceps Femoris Short head



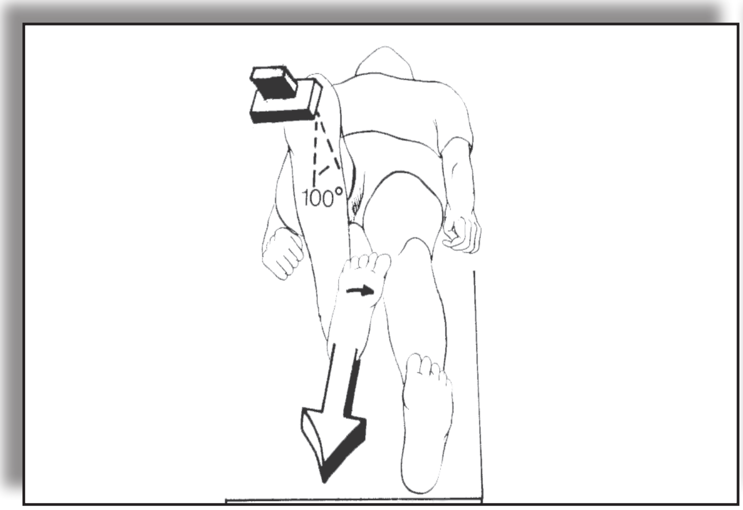
826 Biceps Femoris Long head (Fibular Division)



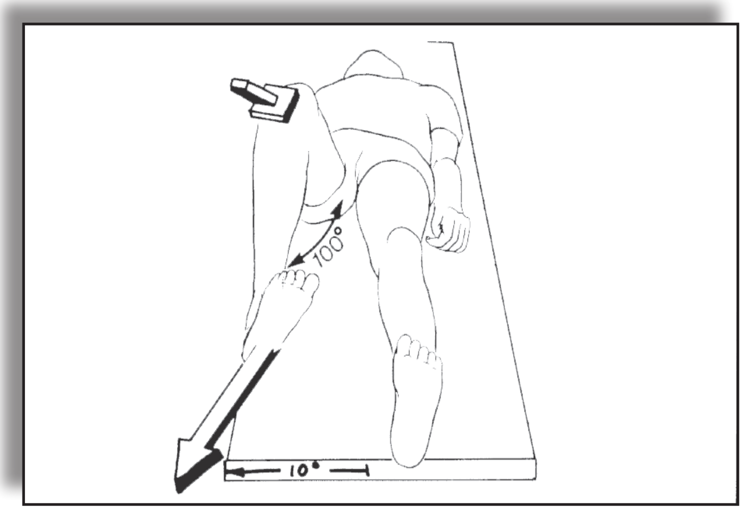
828 Biceps Femoris Long head (Tibial Division)



854 Semitendinosis



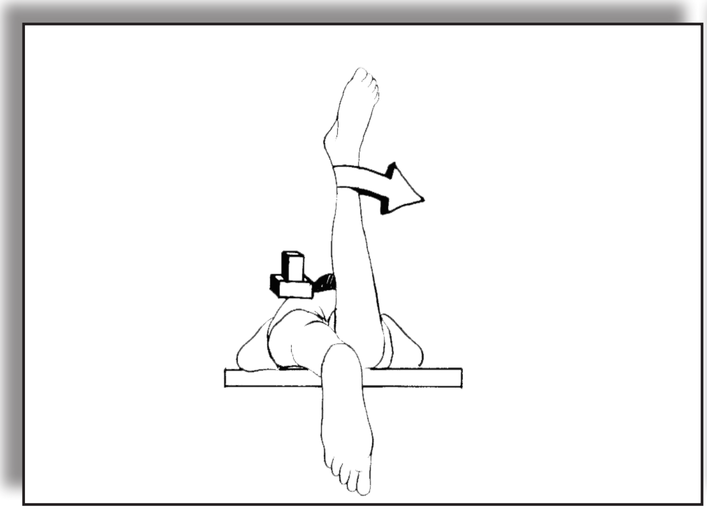
856 Semimembranosis (Tibial Division)



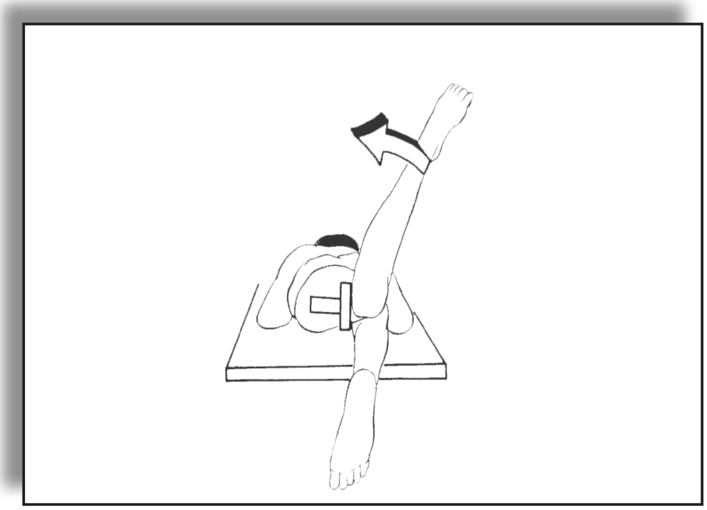
858 Semimembranosis (Poplilteal Division)

GROUP XI

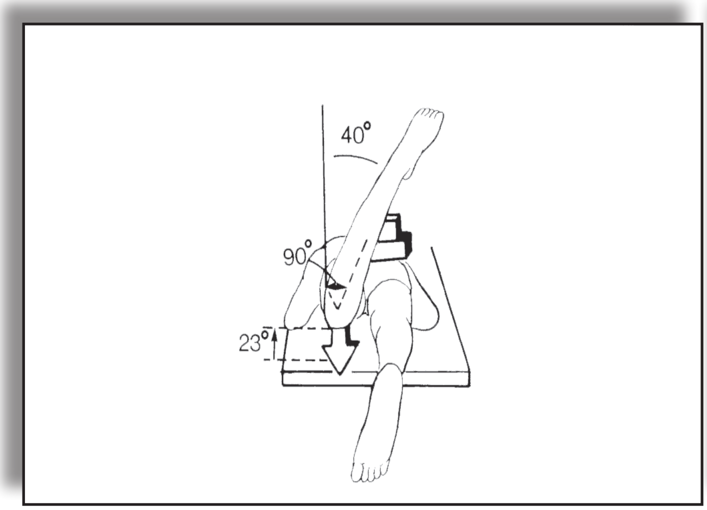
Muscle Affecting the Femur, Patient Prone, Knee Flexed, Dr. at Side of Table



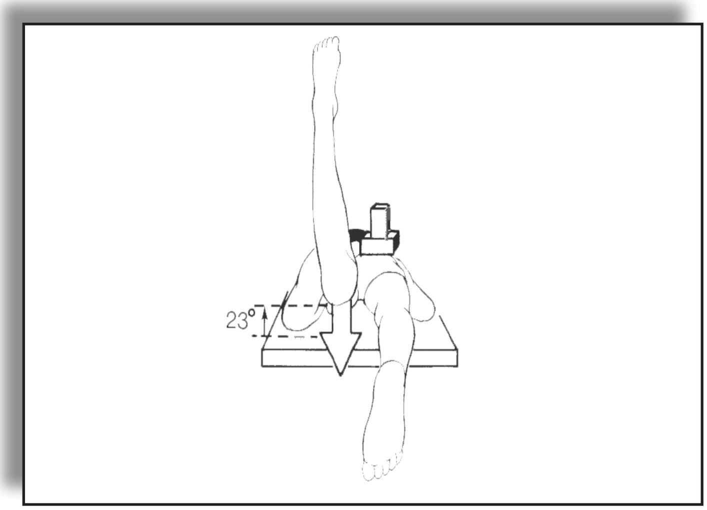
846 Adductor Magnus, Transverse Division



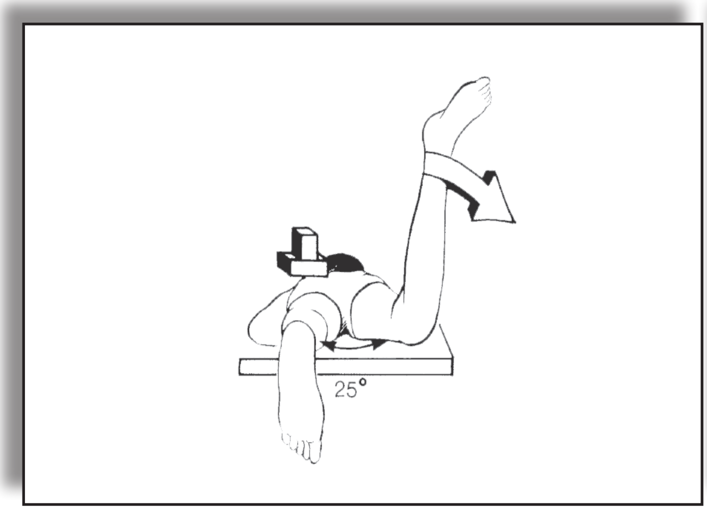
852 Gluteus Maximus , Coccygeal Division



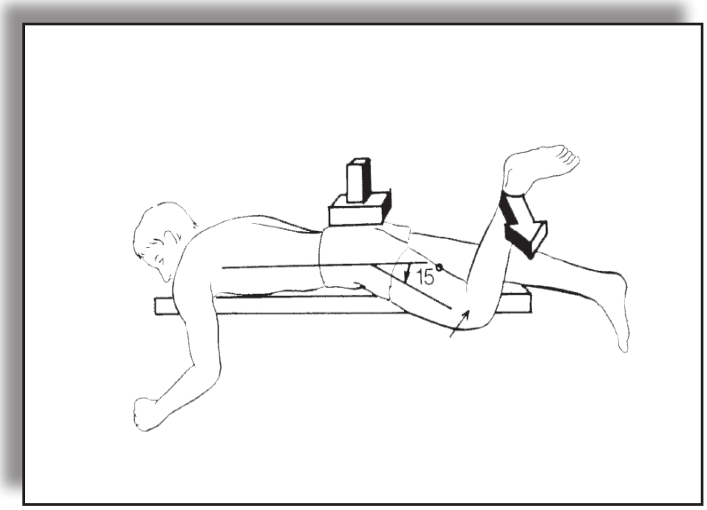
848 Gluteus Maximus, Iliac Division



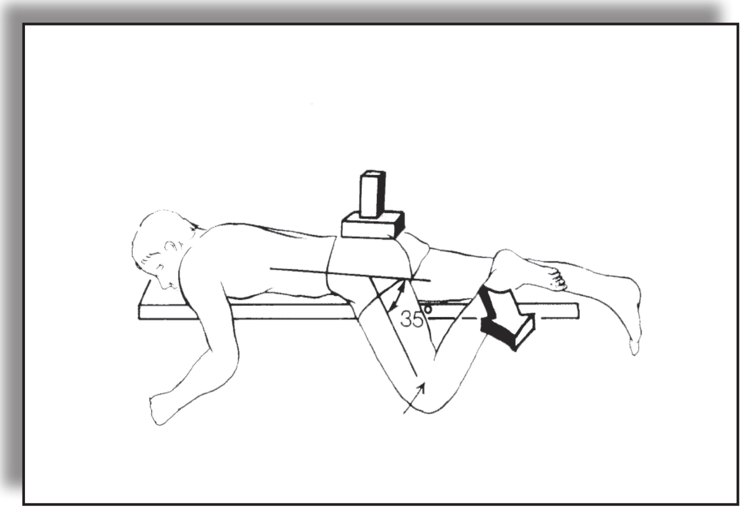
850 Gluteus Maximus, Sacral Division



860 Piriformis



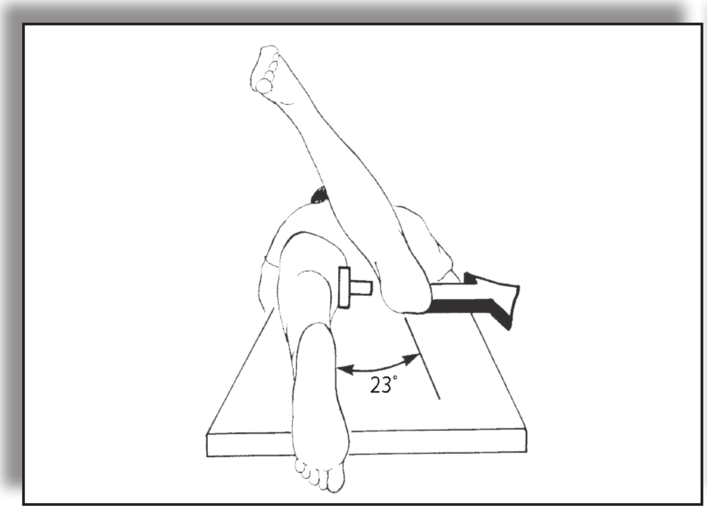
862 Gemellus Inferior



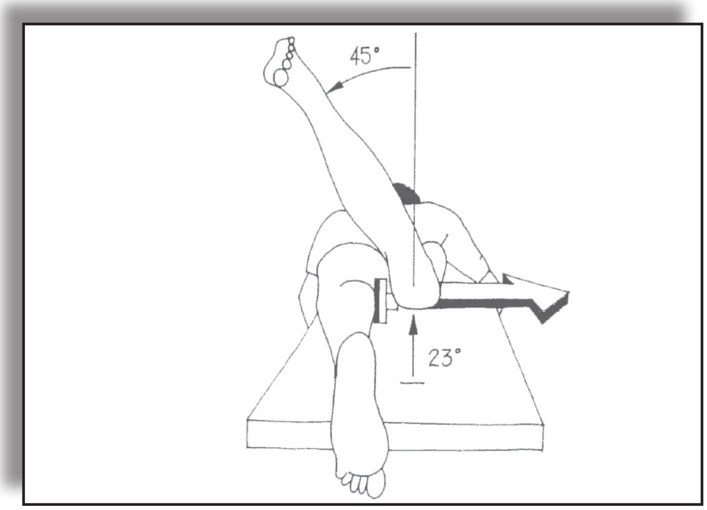
864 Gemellus Superior

GROUP XII

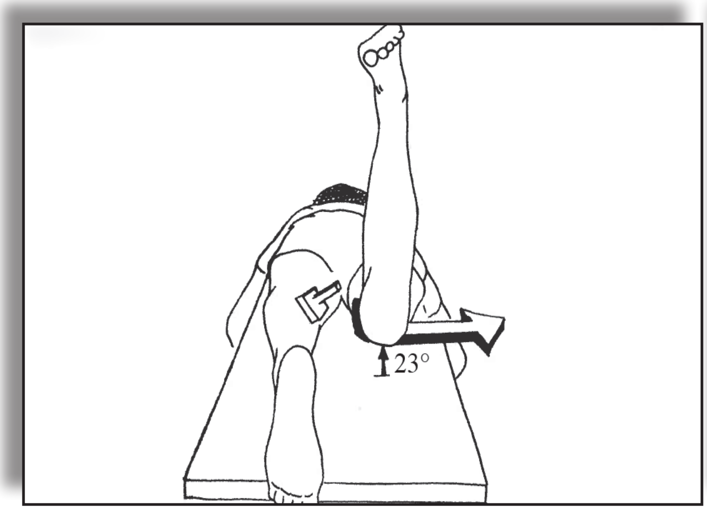
Muscle Affecting the Pelvic Floor, Patient Prone, Knee Flexed, Dr. at Side of Table



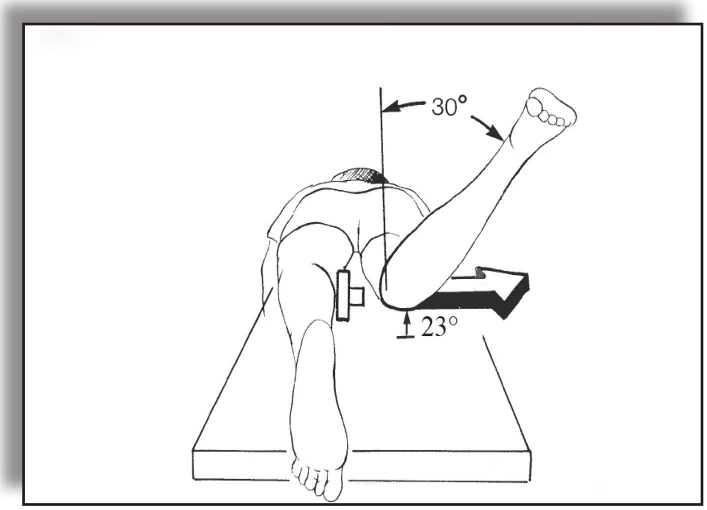
740 Coccygeus (Sacral Division)



742 Coccygeus (Coccyx Division)



746 Ileococcygeus



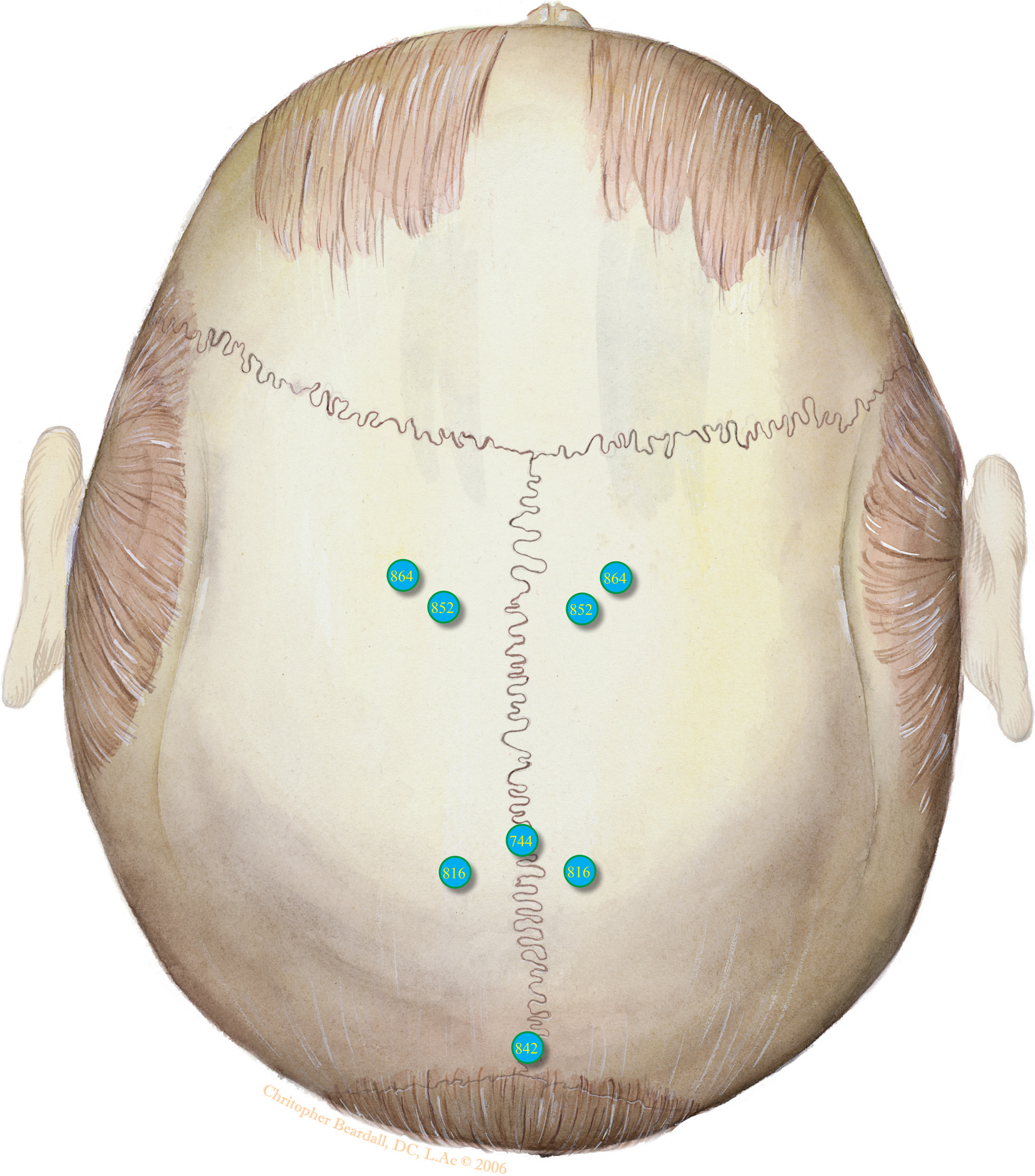
744 Pubococcygeus

CHAPTER II:

REFLEXES

CRANIAL REFLEXES

SUPERIOR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● NEUROVASCULAR REFLEX

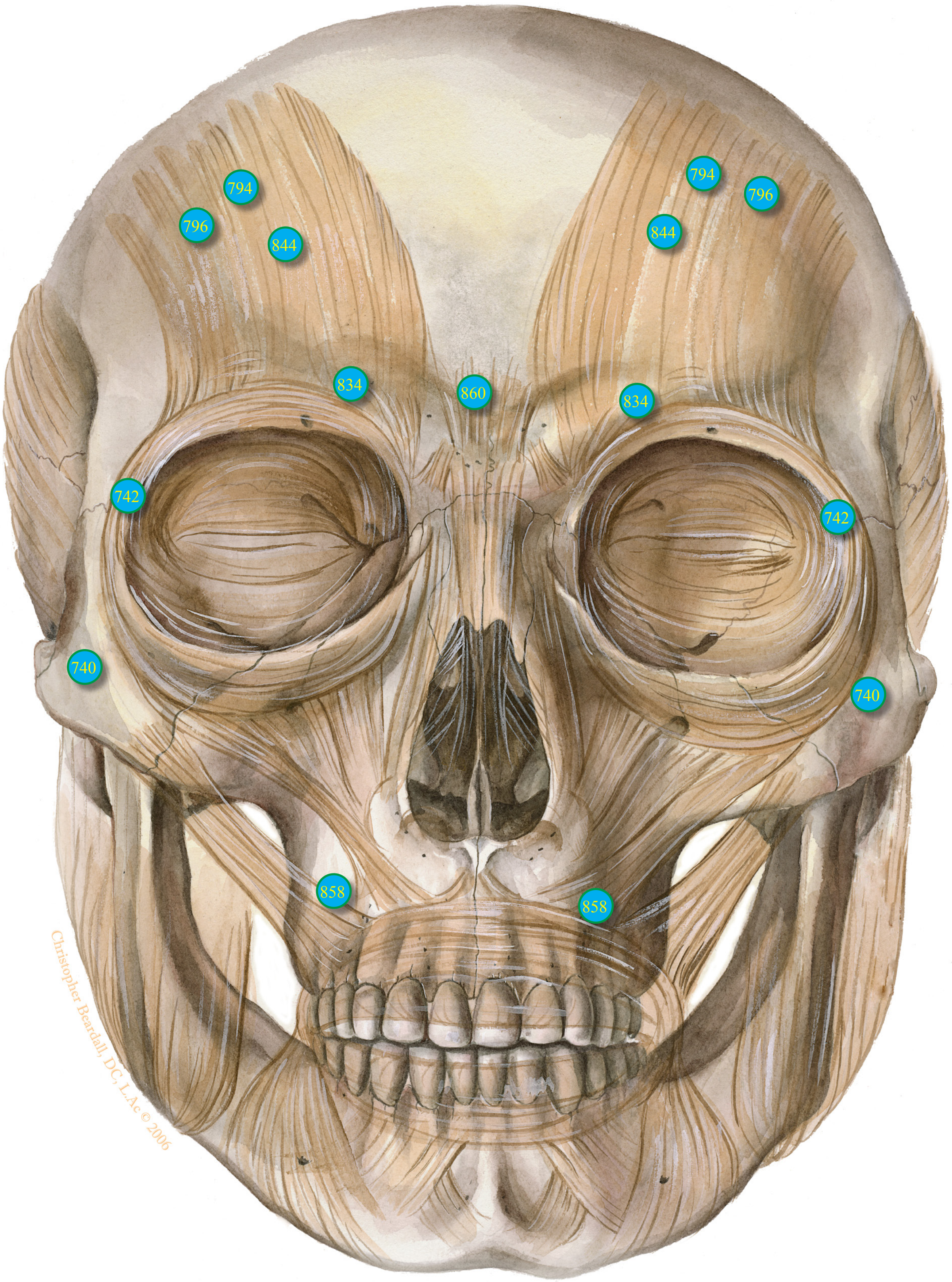
⬭ NEUROLYMPHATIC REFLEX

⬟ ACUPUNCTURE REFLEX

▬ VISCERAL ORGAN REFLEX

CRANIAL REFLEXES

ANTERIOR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● NEUROVASCULAR REFLEX

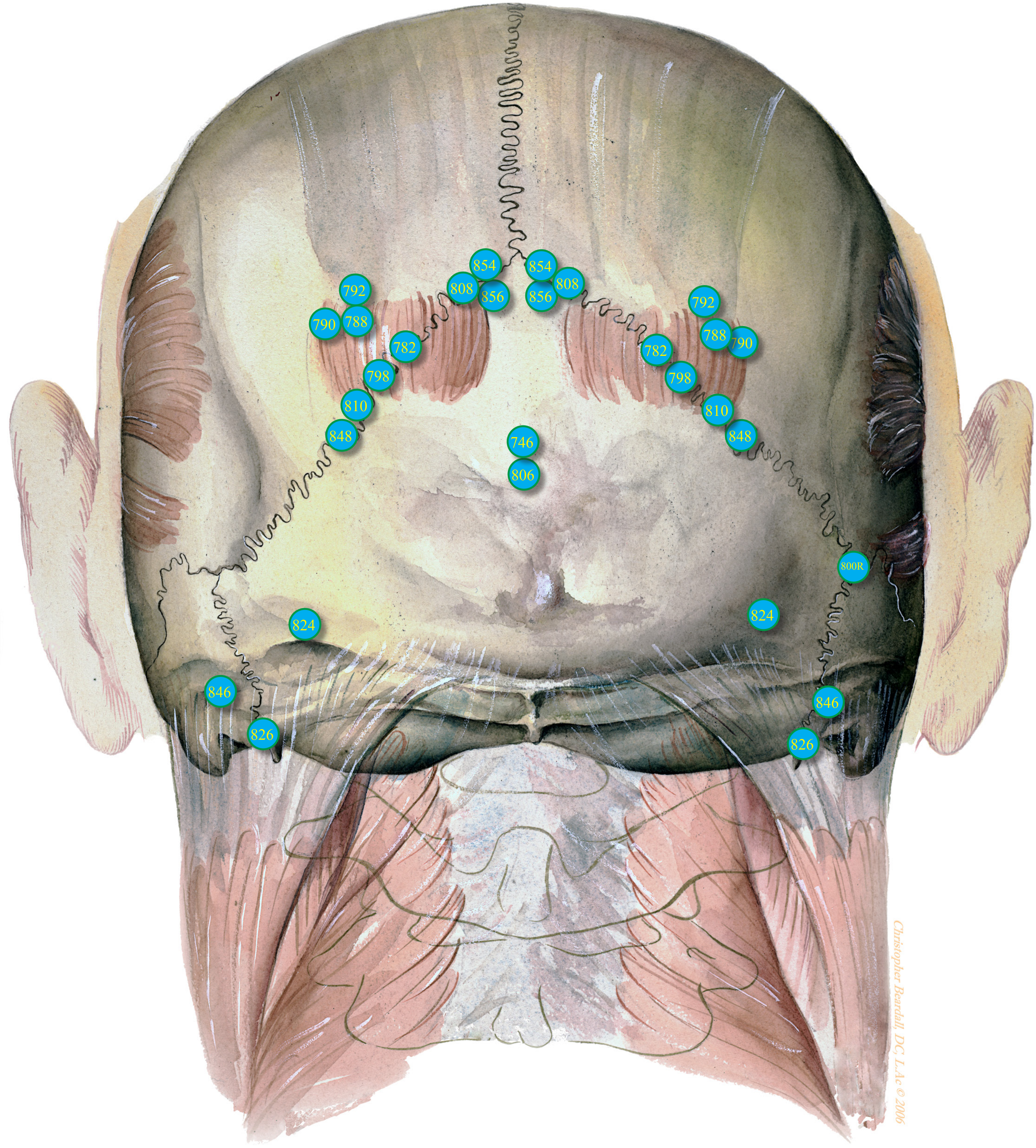
⬭ NEUROLYMPHATIC REFLEX

⬟ ACUPUNCTURE REFLEX

▬ VISCERAL ORGAN REFLEX

CRANIAL REFLEXES

POSTERIOR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● NEUROVASCULAR REFLEX

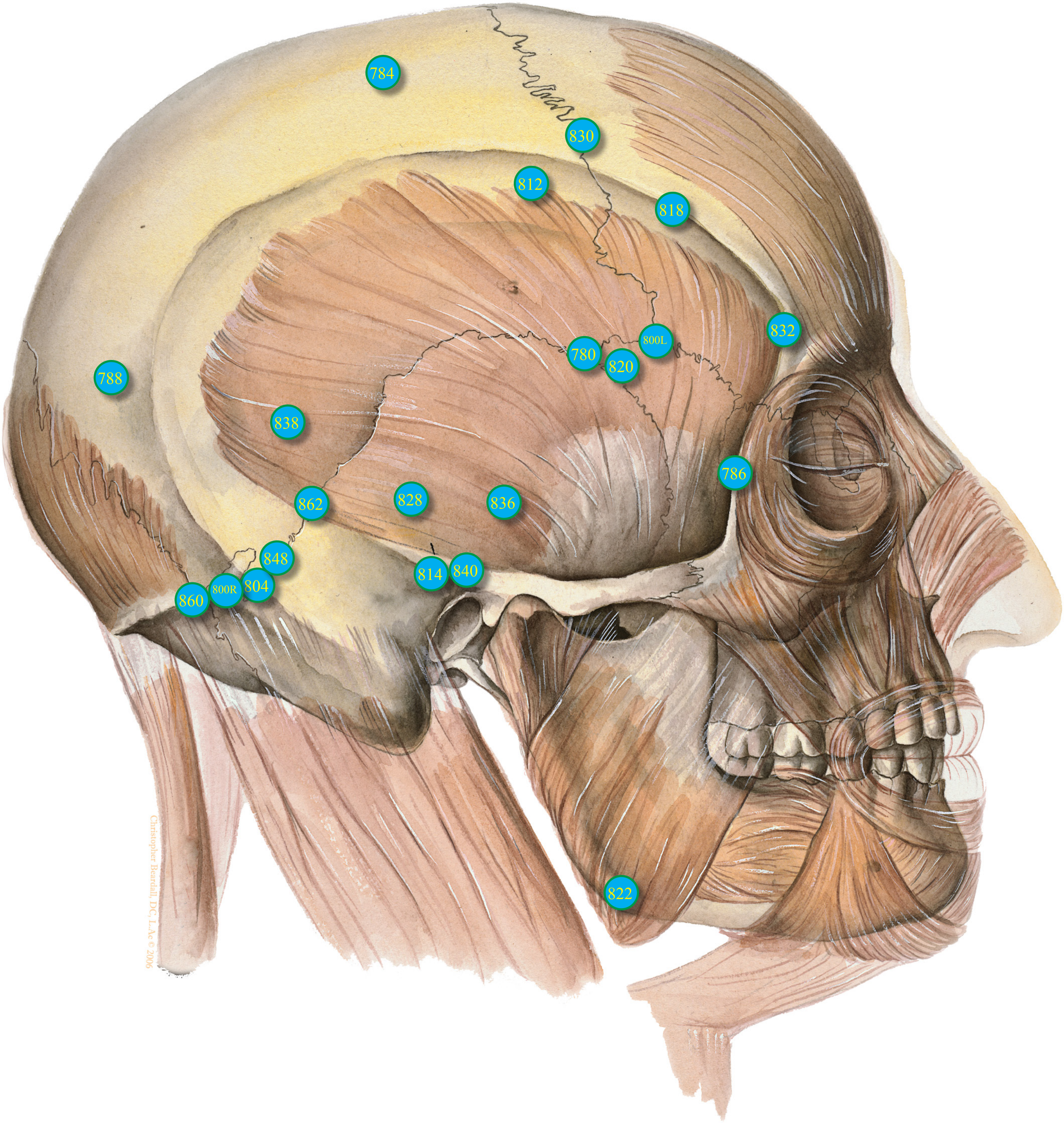
⬬ NEUROLYMPHATIC REFLEX

⬟ ACUPUNCTURE REFLEX

▬ VISCERAL ORGAN REFLEX

Cranial Reflexes

Right Lateral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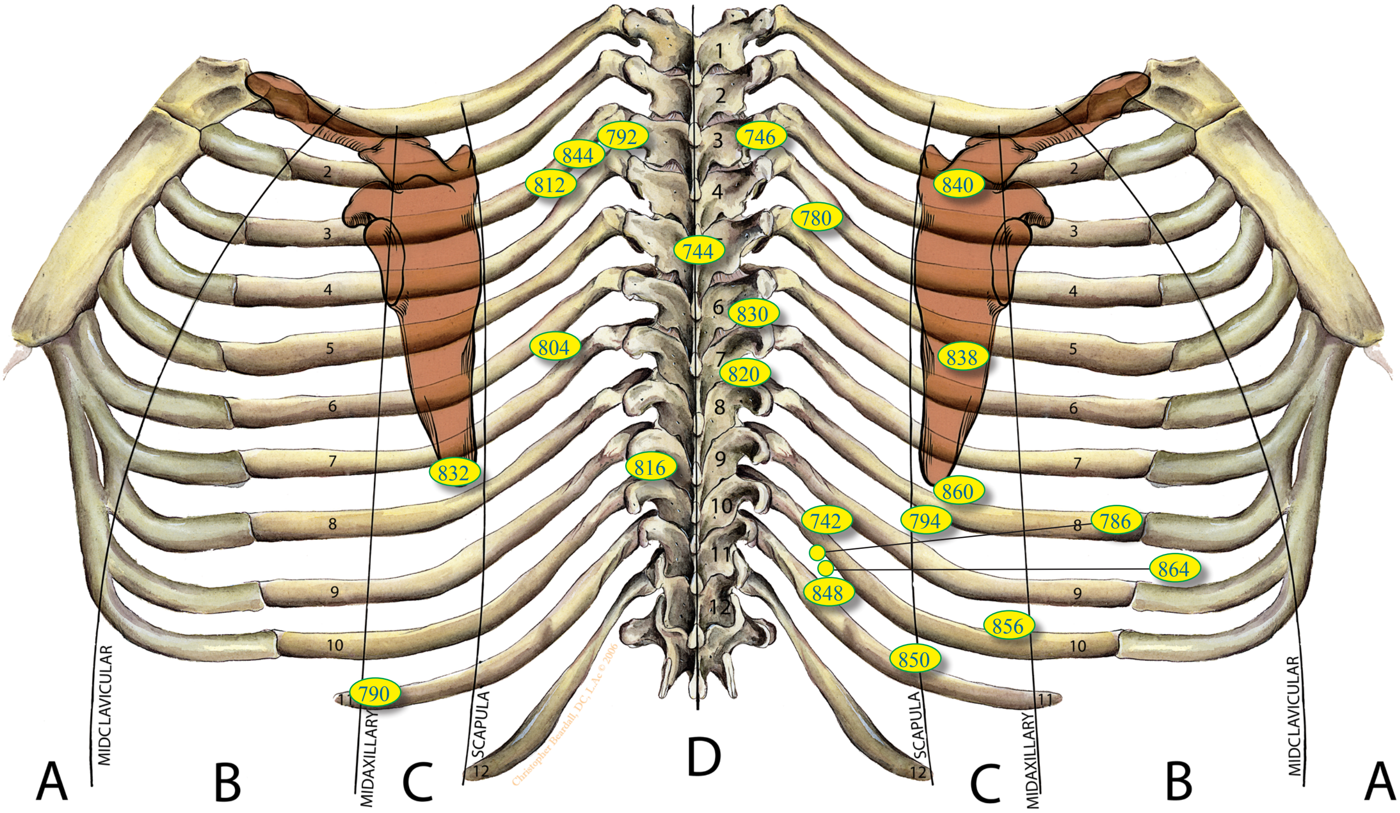
● Neurovascular Reflex
⬬ Neurolymphatic Reflex
⬟ Acupuncture Reflex
▬ Visceral Organ Reflex

THORACIC REFLEXES

POSTERIOR



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● NEUROVASCULAR REFLEX

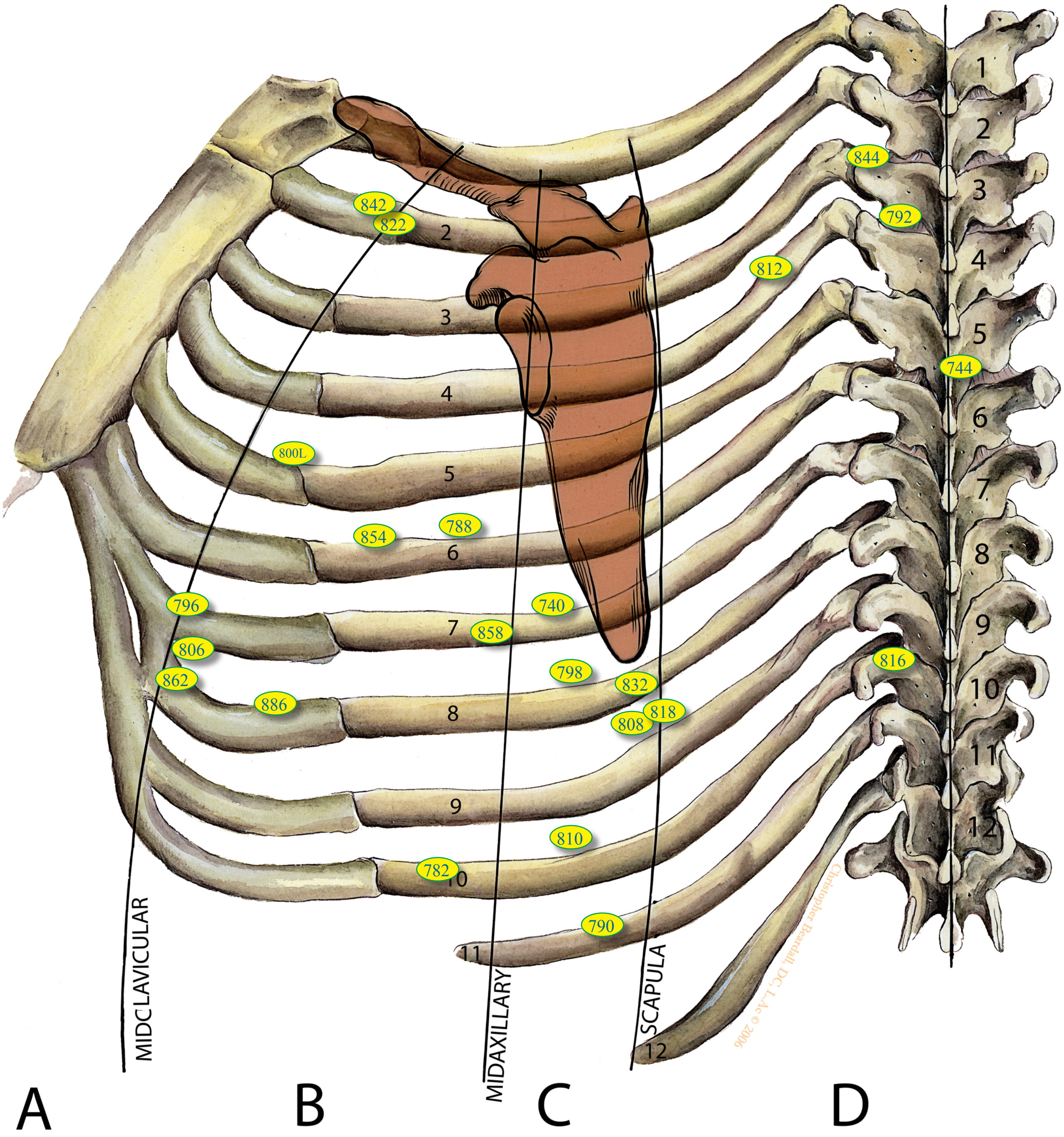
⬭ NEUROLYMPHATIC REFLEX

⬟ ACUPUNCTURE REFLEX

▬ VISCERAL ORGAN REFLEX

THORACIC REFLEXES

LEFT SIDE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● NEUROVASCULAR REFLEX

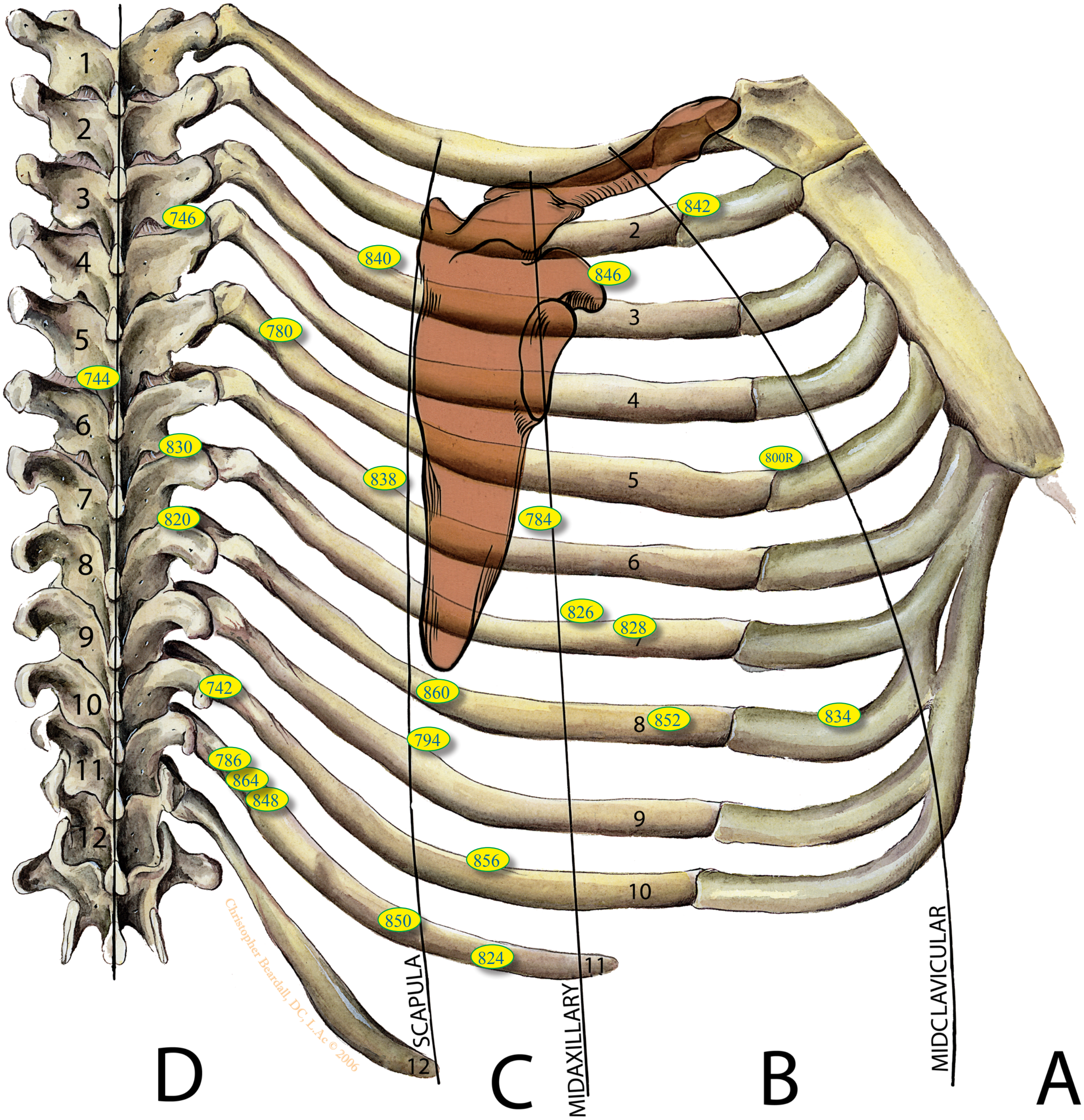
⬭ NEUROLYMPHATIC REFLEX

⬟ ACUPUNCTURE REFLEX

▬ VISCERAL ORGAN REFLEX

Thoracic Reflexes

Right side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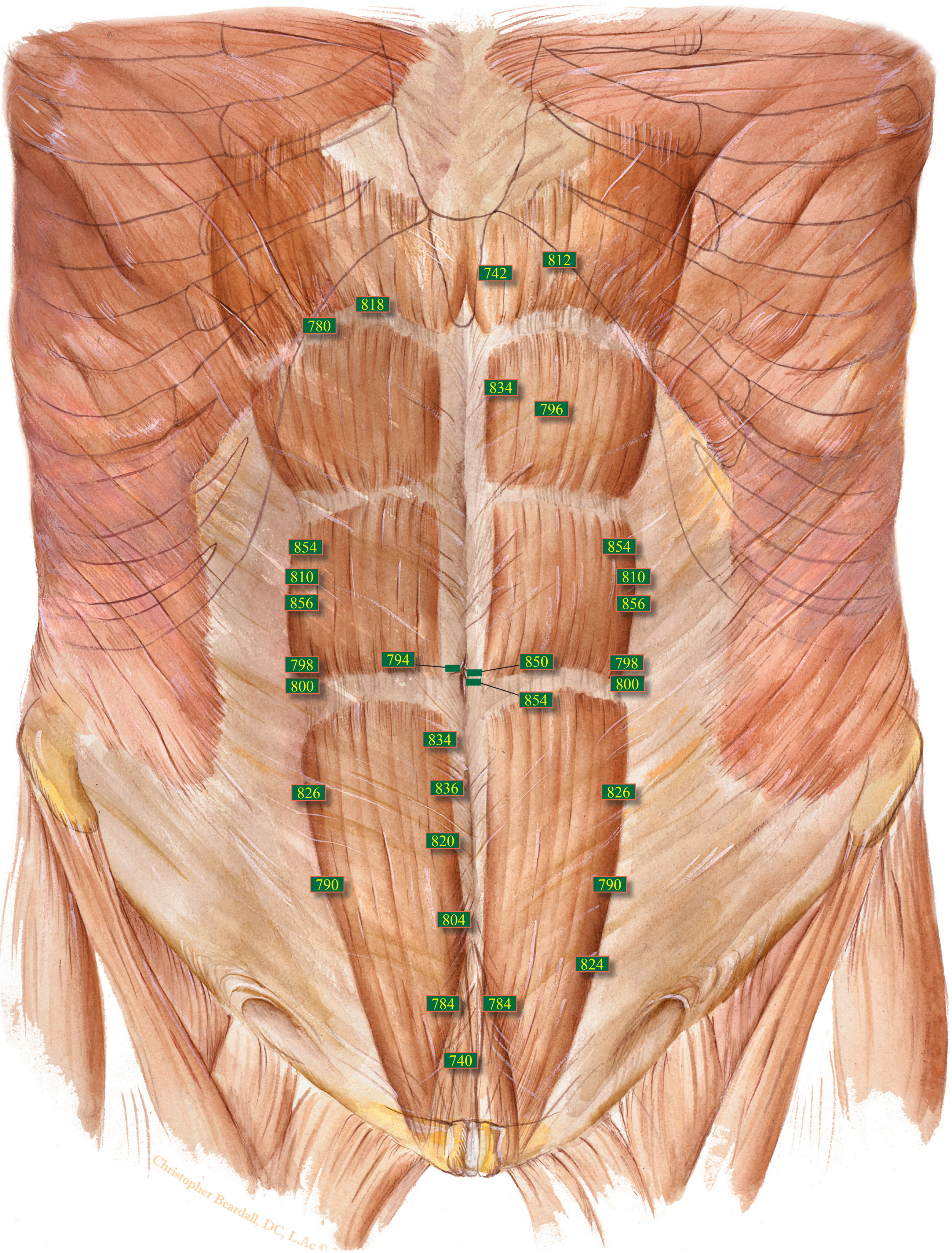
● Neurovascular Reflex

⬭ Neurolymphatic Reflex

⬟ Acupuncture Reflex

▬ Visceral Organ Reflex

ABDOMINAL REFLEXES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● Neurovascular Reflex

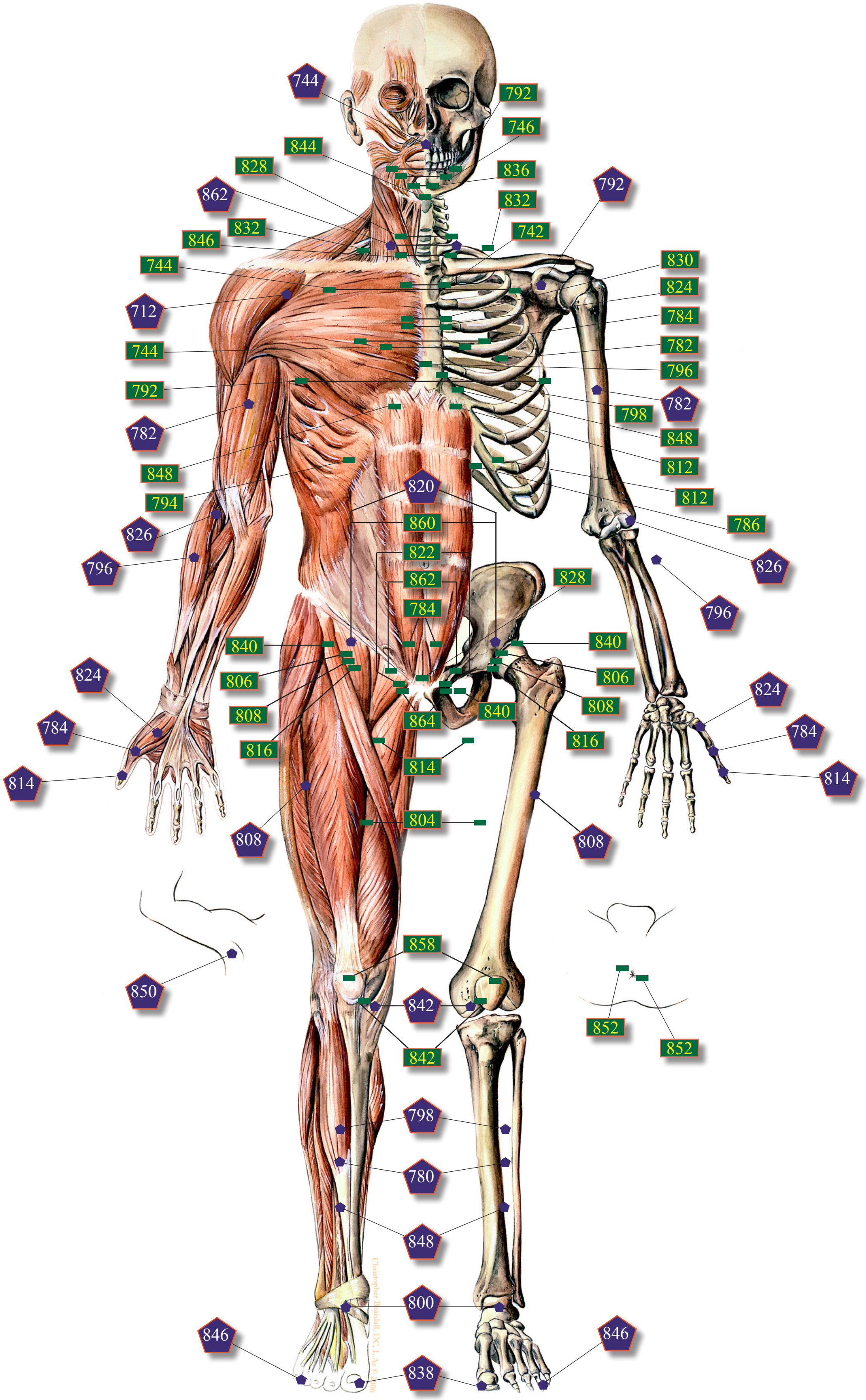
⬭ Neurolymphatic Reflex

⬟ Acupuncture Reflex

▬ Visceral Organ Reflex

BODY ZONE REFLEXES

ANTERIOR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⬟ ACUPUNCTURE REFLEX

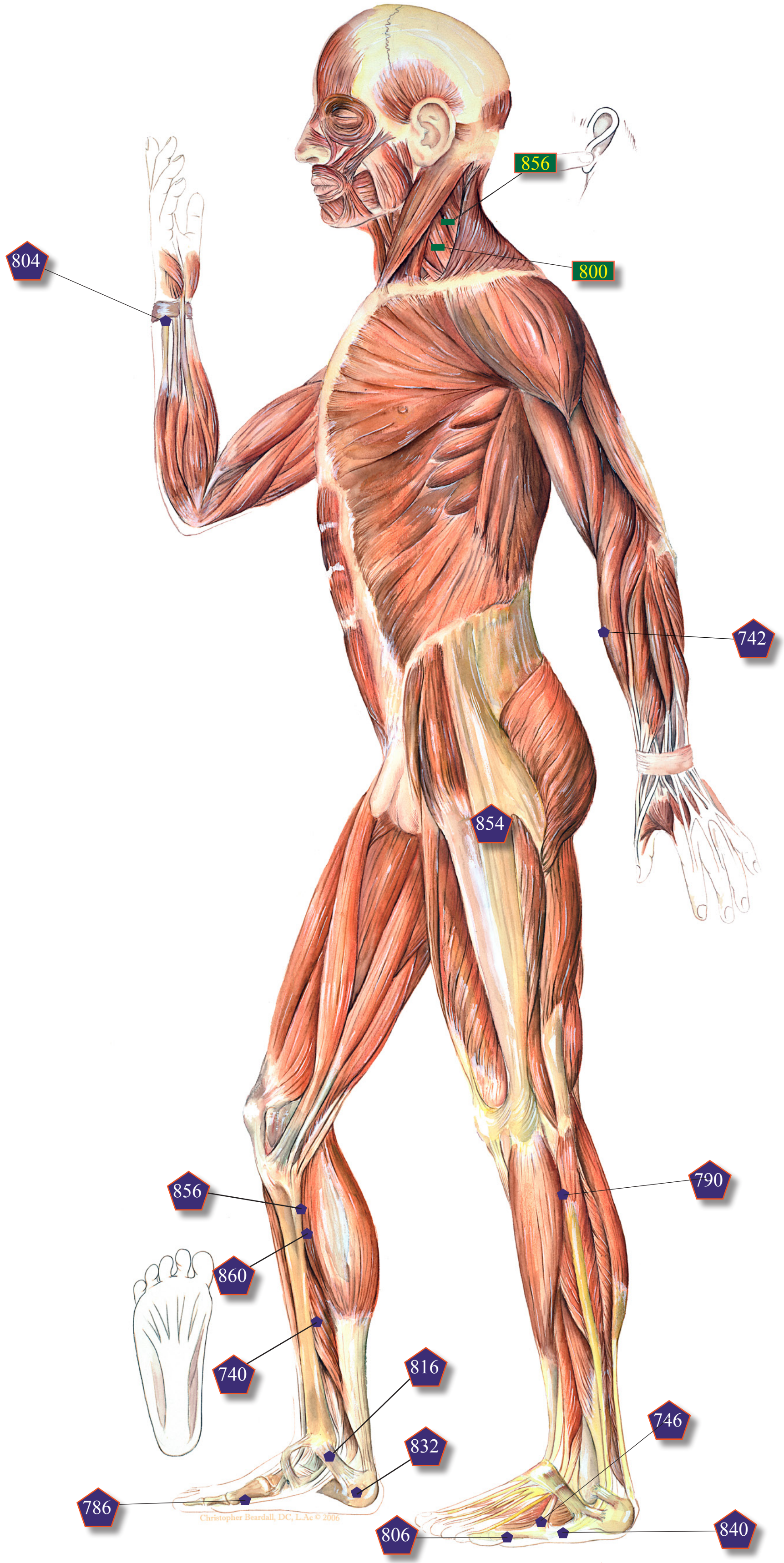
🟩 VISCERAL ORGAN REFLEX

● NEUROVASCULAR REFLEX

● NEUROLYMPHATIC REFLEX

BODY ZONE REFLEXES

LATERAL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● NEUROVASCULAR REFLEX

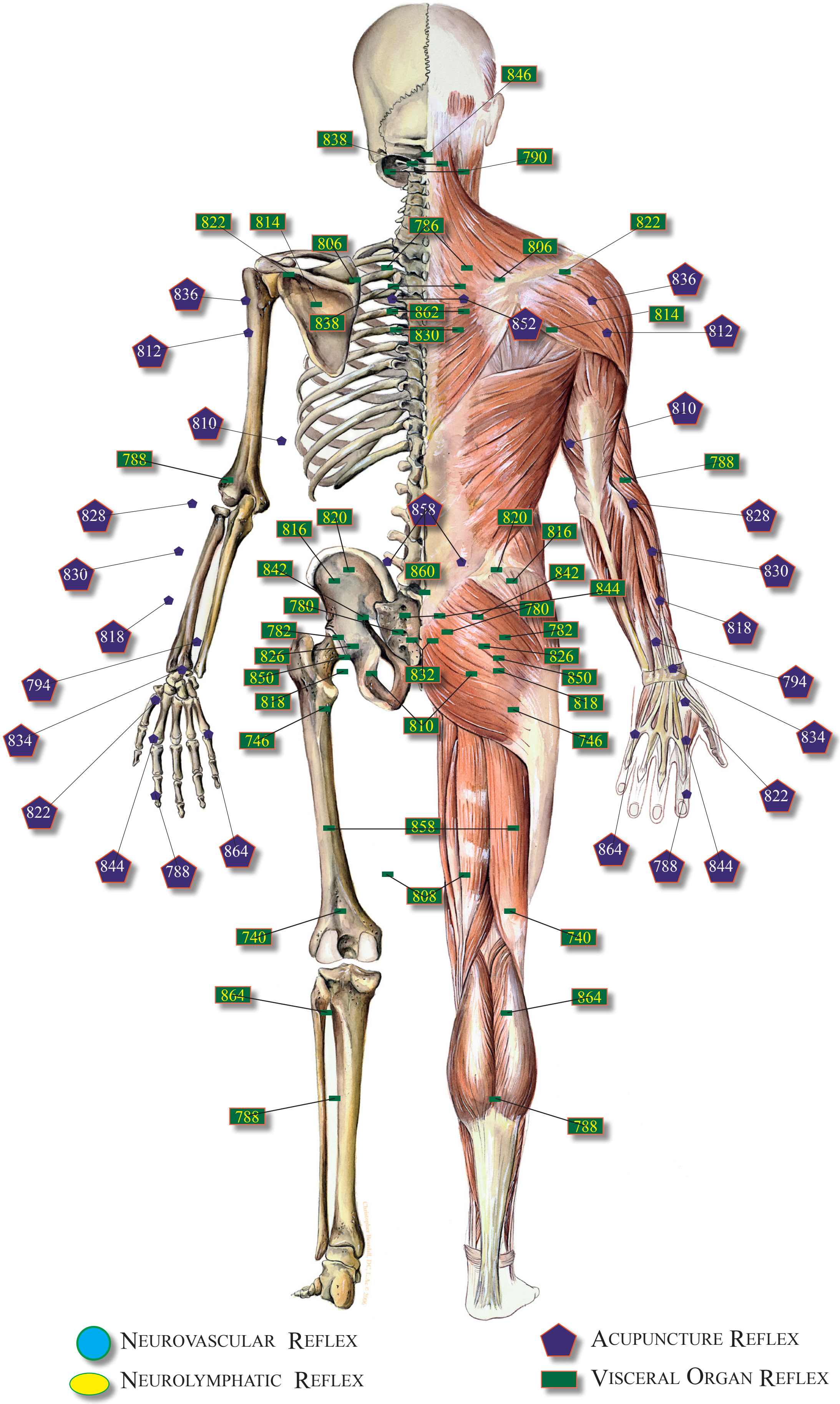
⬭ NEUROLYMPHATIC REFLEX

⬟ ACUPUNCTURE REFLEX

▬ VISCERAL ORGAN REFLEX

Body Zone Reflexes

Posterior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● Neurovascular Reflex
⬭ Neurolymphatic Reflex
⬟ Acupuncture Reflex
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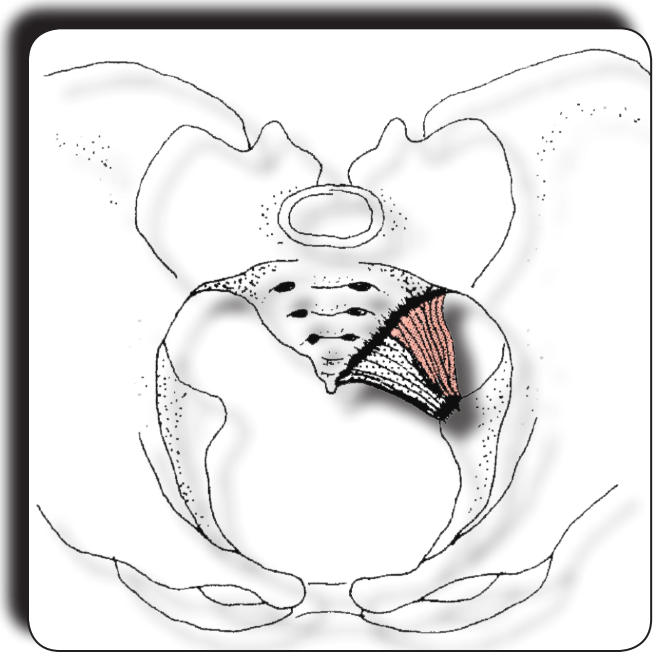
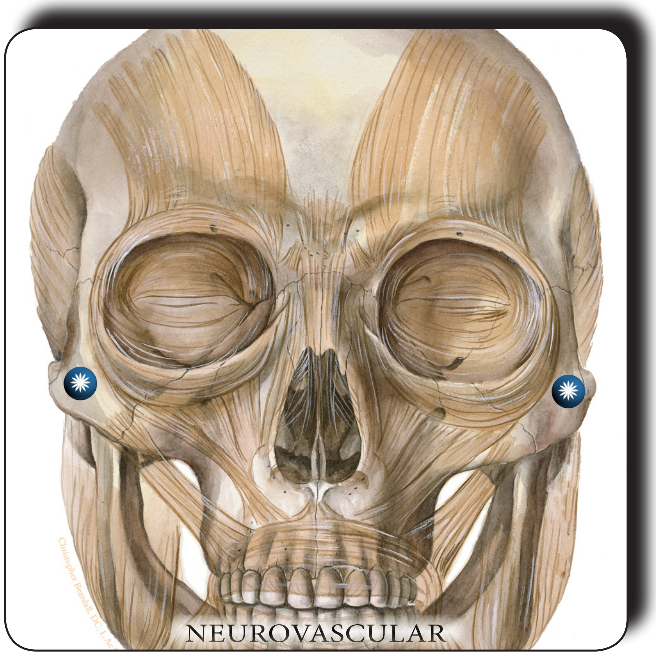
CHAPTER III:

MUSCLES PELVIS AND THIGH





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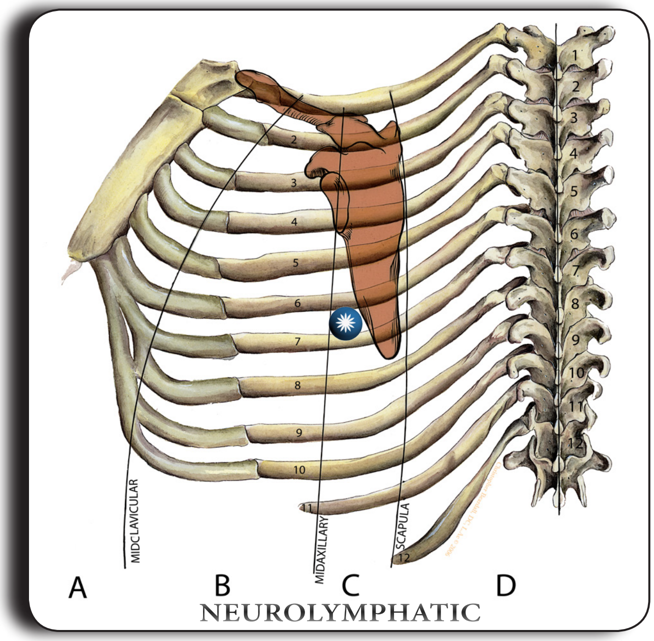

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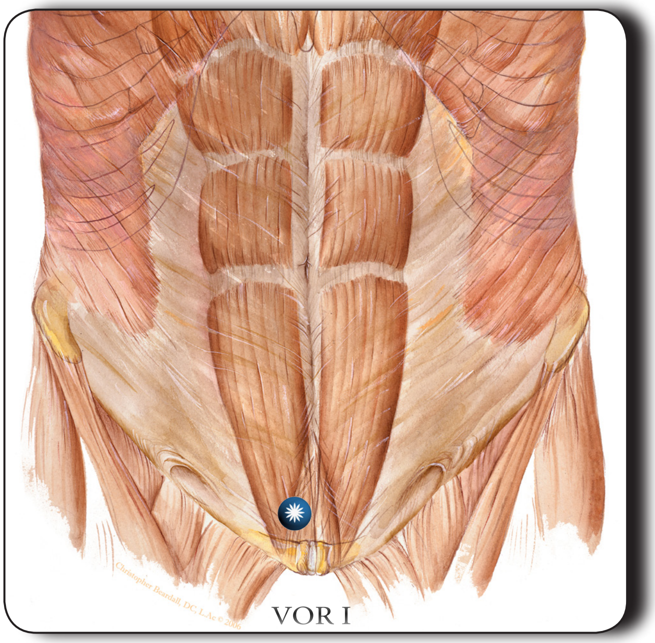

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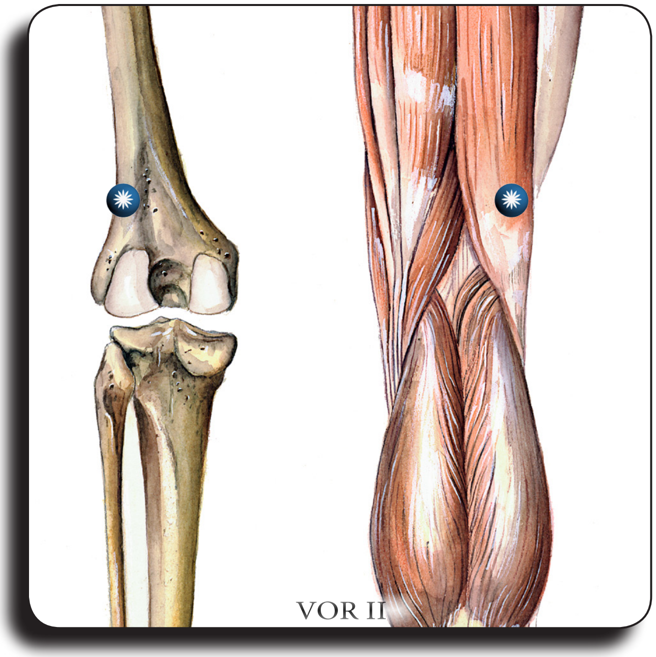

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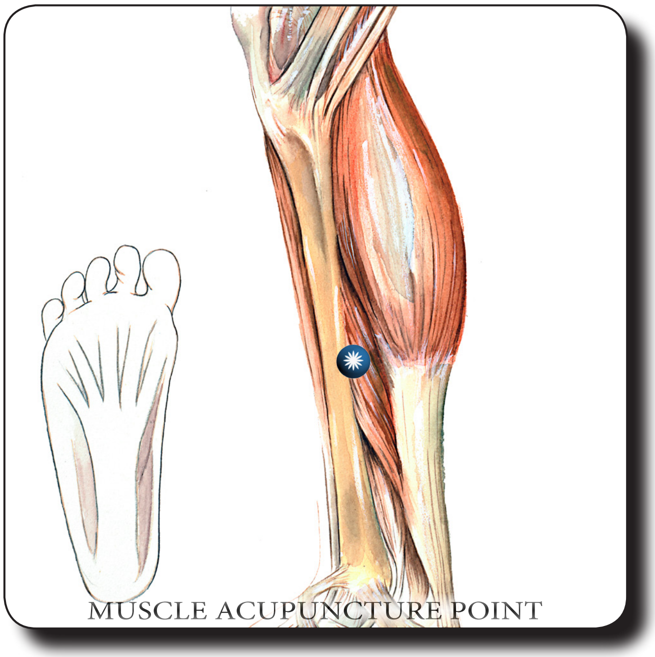


MUSCLE ACUPUNCTURE POINT

Muscle 740: COCCYGEUS, (Sacral Division)

ORIGIN: Spine of ischium and sacrospinous ligament.

INSERTION: Side of lowest segment of sacrum.

ACTION: Draw the sacrum forward, and supports the pelvic floor.

TEST:

Patient: Prone, flex ipsilateral knee 90°, abduct ipsilateral thigh 23° and externally rotate femur 45°(place ankle toward midline).

Doctor: Brace contralateral knee on medial side, contact medial condyle of ipsilateral femur to abduct thigh through coronal plane.

NEUROVASCULAR: (Ant/BL) Zygomatic bone at level of inferior portion of orbit.

NEUROLYMPHATIC: (Lat/L) 6th ICS, parascapular area.

VISCERAL ORGAN:

I. *Ileum:* (Ant/R) Right medial portion 1st section Rectus abdominis approximately 1 1/2 " above pubes.

II. *Pancreas Duct System:* (Ant/BL) Belly of Biceps femoris long head, superior lateral portion of popliteal fossa.

M. A. P. : Lv5

V.L. : T1R

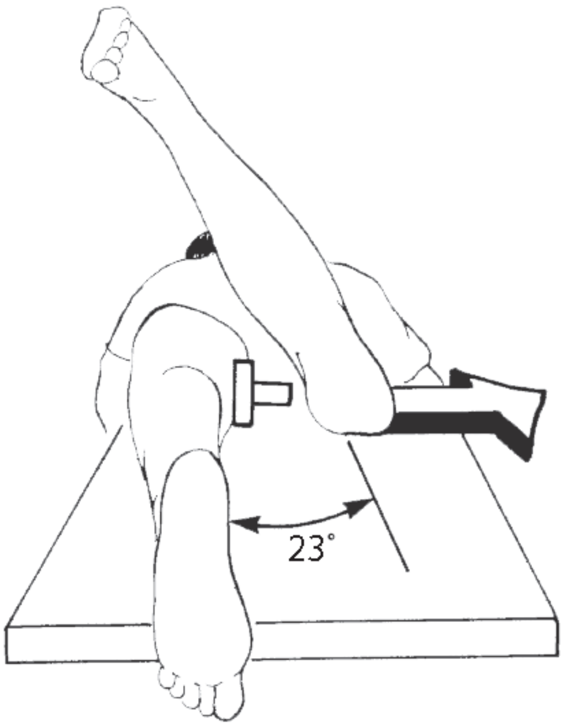
L. B. V.L. : T10R

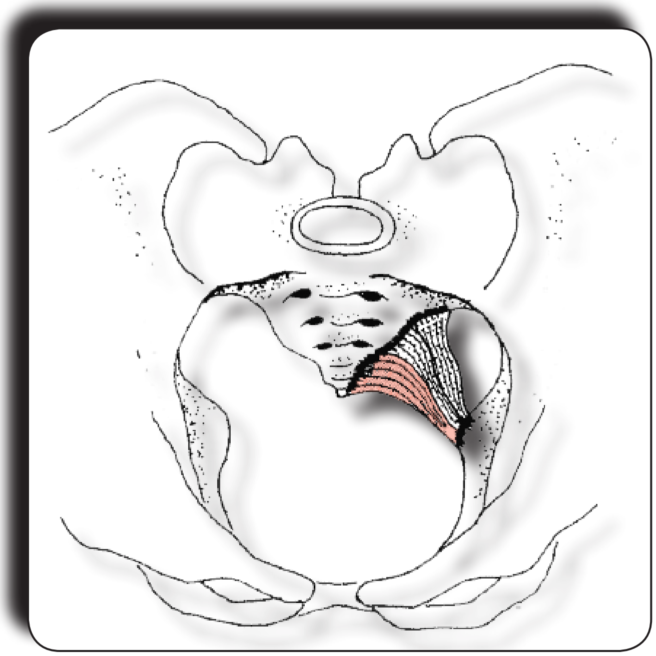
M. M. : S3

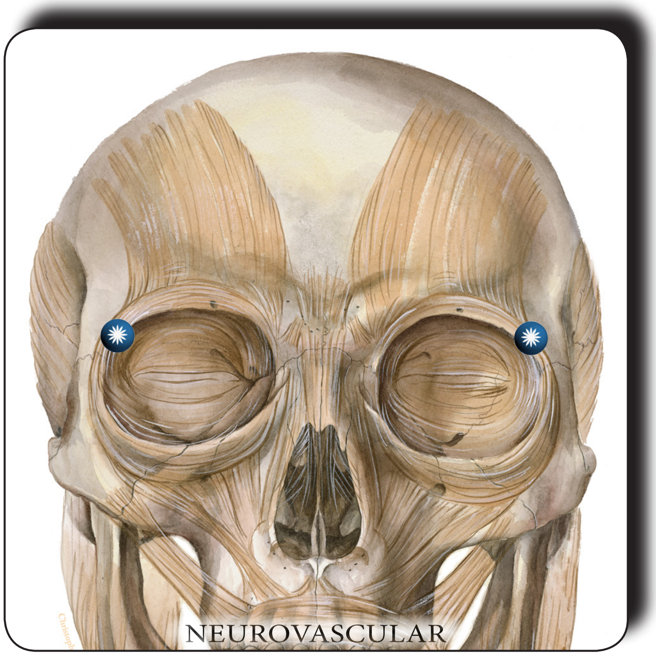
CRANIAL: Palatine

FOOT: 1st Metatarsal

NUTRIENT SOURCE: Vitamin C
1. Core Level Vitamin C (NW)



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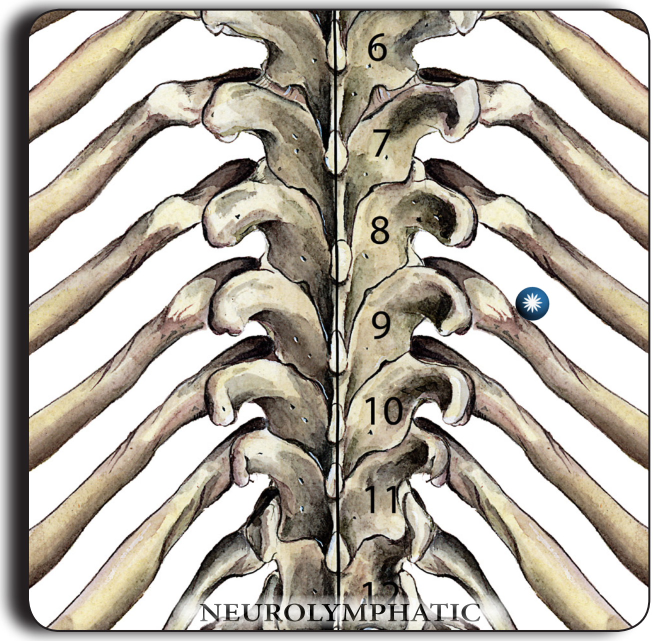
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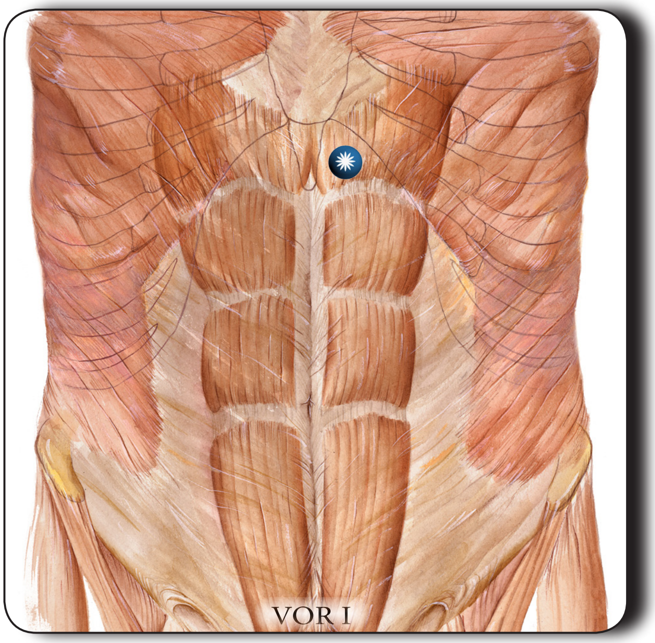
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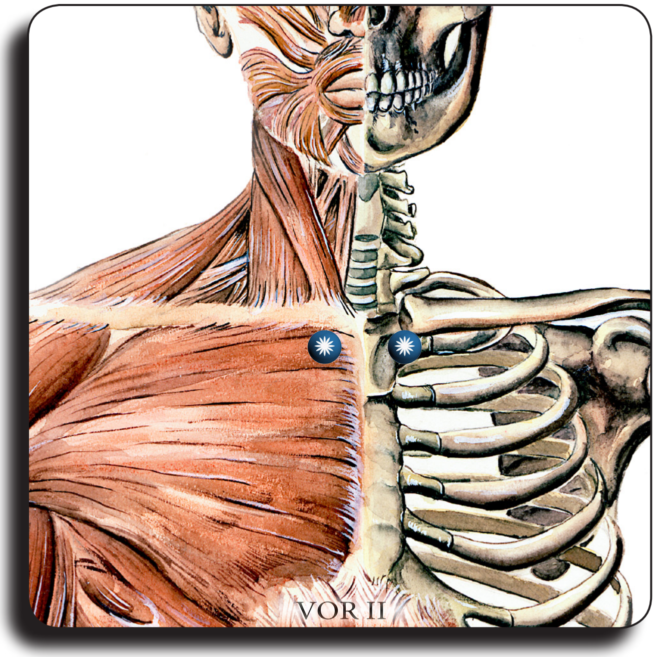
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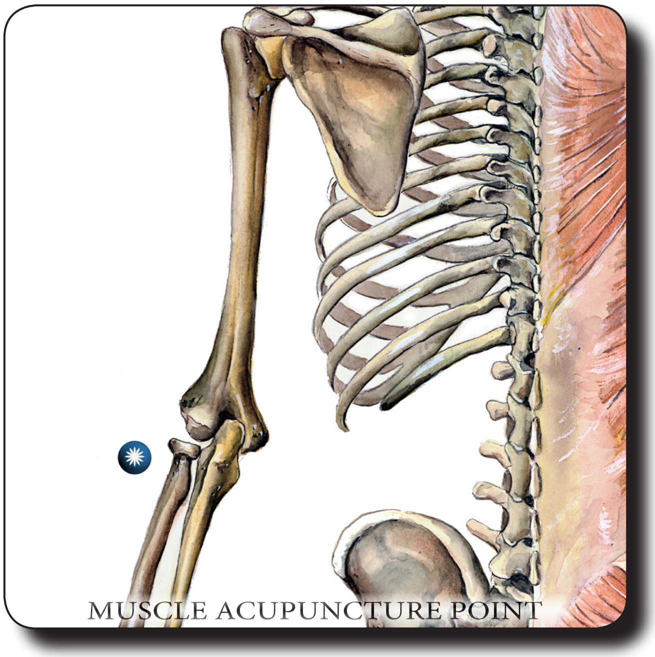

MUSCLE ACUPUNCTURE POINT

Muscle 742: COCCYGEUS, (Coccyx Division)

ORIGIN: Spine of ischium and sacrospinous ligament.

INSERTION: Margin of the coccyx.

ACTION: Draw the coccyx forward, and supports the pelvic floor.

TEST:

Patient: Prone, thighs approximated, flex ipsilateral knee 90° and externally rotate thigh 45° (place ankle toward midline).

Doctor: Brace contralateral knee on medial side, contact medial condyle of ipsilateral femur to abduct thigh.

NEUROVASCULAR: (Ant/BL) Frontal bone, orbit of eye at 10 o'clock on right and 2 o'clock on left at frontozygomatic suture.

NEUROLYMPHATIC: (Post/R) 9th ICS, just lateral to transverse processes.

VISCERAL ORGAN:

I. Stomach - Pyloric Canal: (Ant/L) 4th section of Rectus abdominis lateral to xiphoid process.

II. Thymus: (Ant/BL) Sternum at junction of first rib.

M. A. P. : Li10

V.L. : C4R

L. B. V.L. : L2R

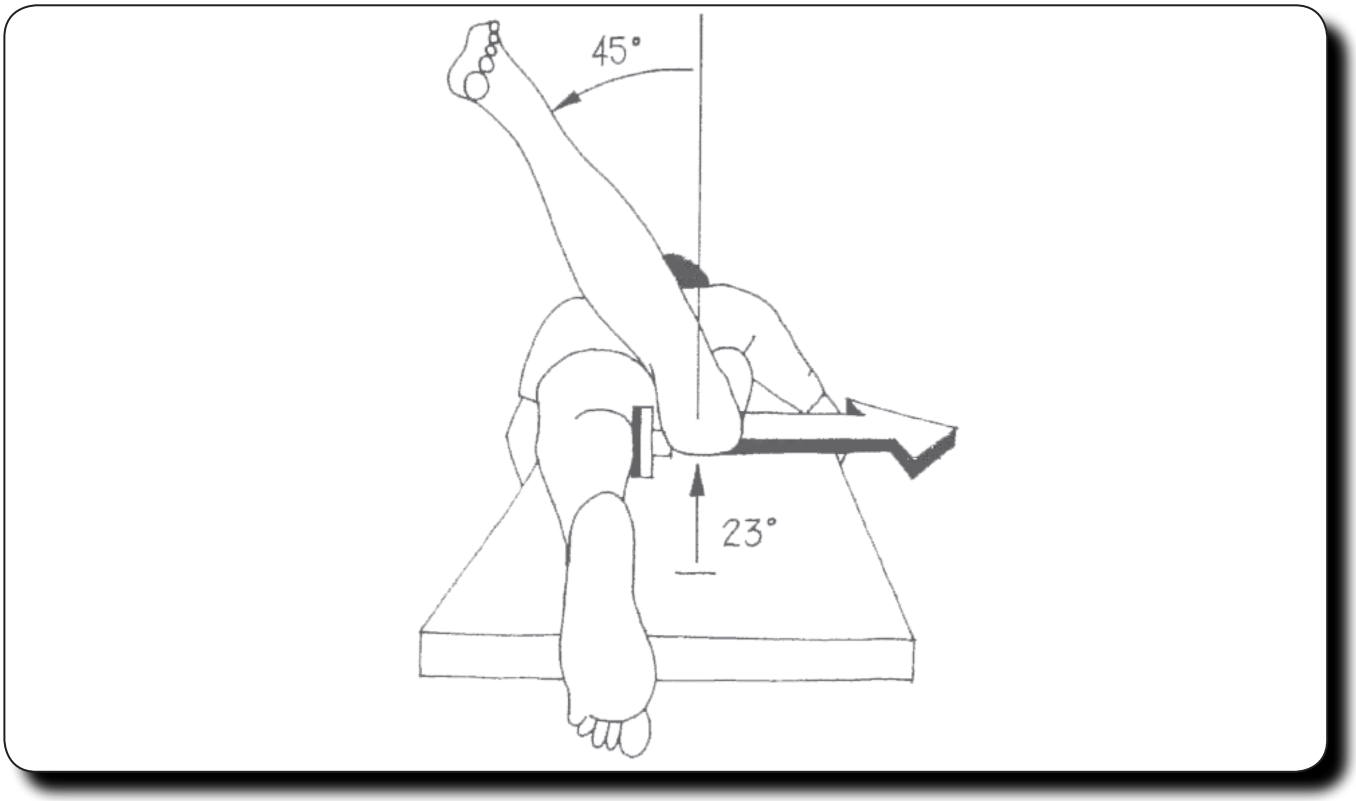
M. M. : S2

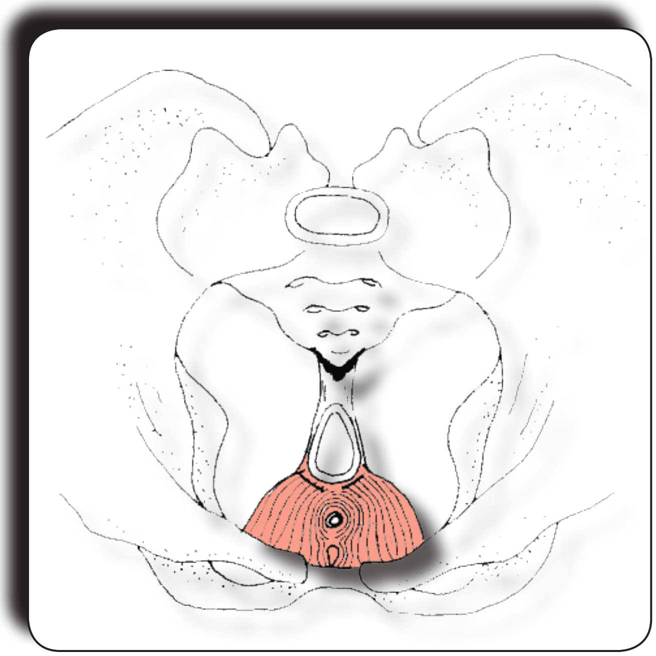
CRANIAL: Maxillary A-P

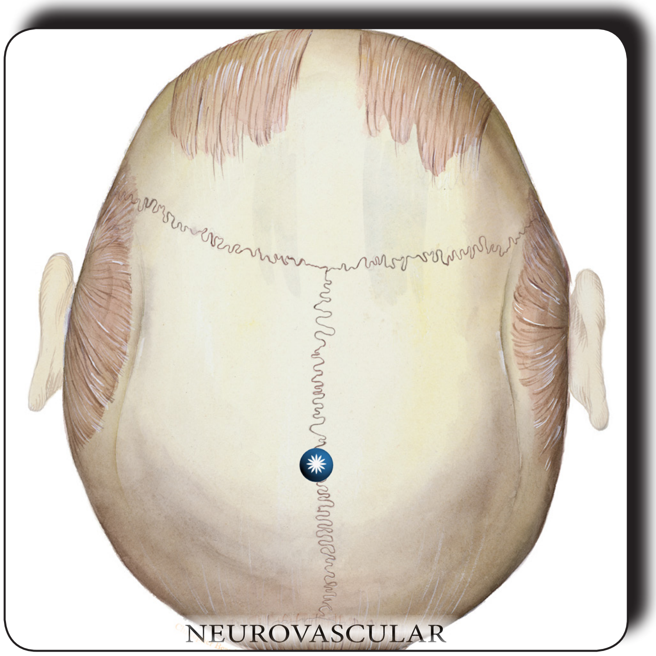
FOOT: 3rd cuneiform, 3rd metatarsal

NUTRIENT SOURCE: Iron

1. Core Level Iron (NW)
2. Saw Palmetto (NW)







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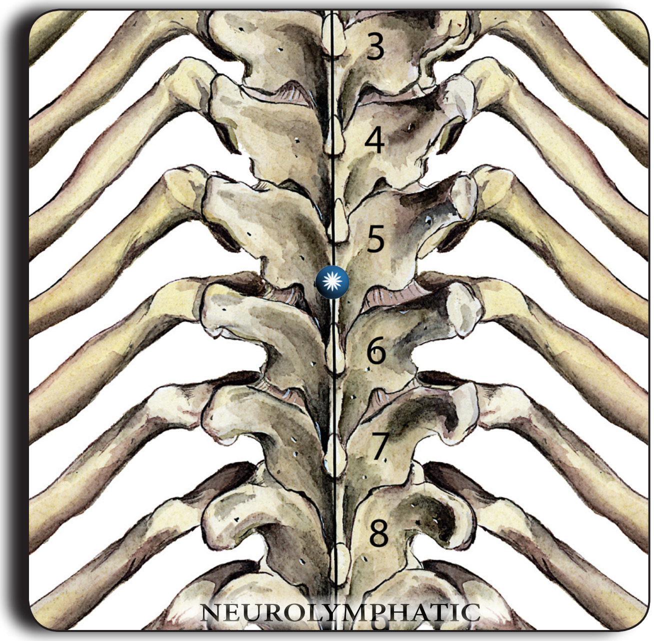

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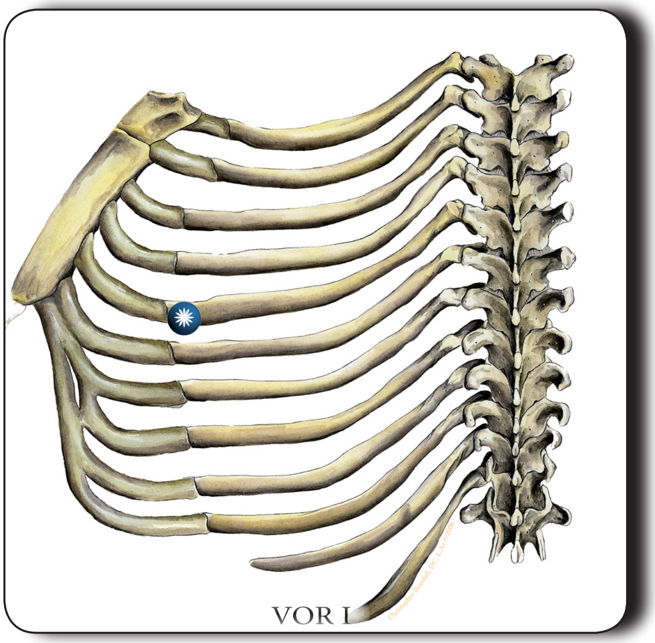

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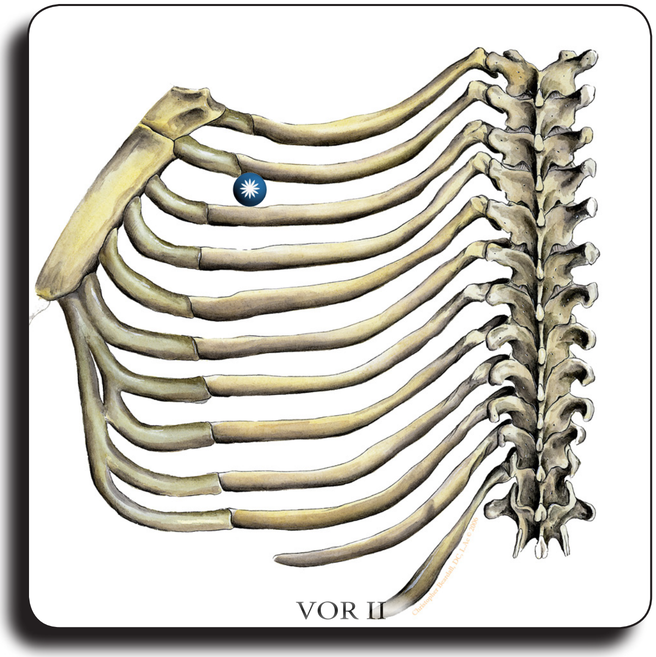

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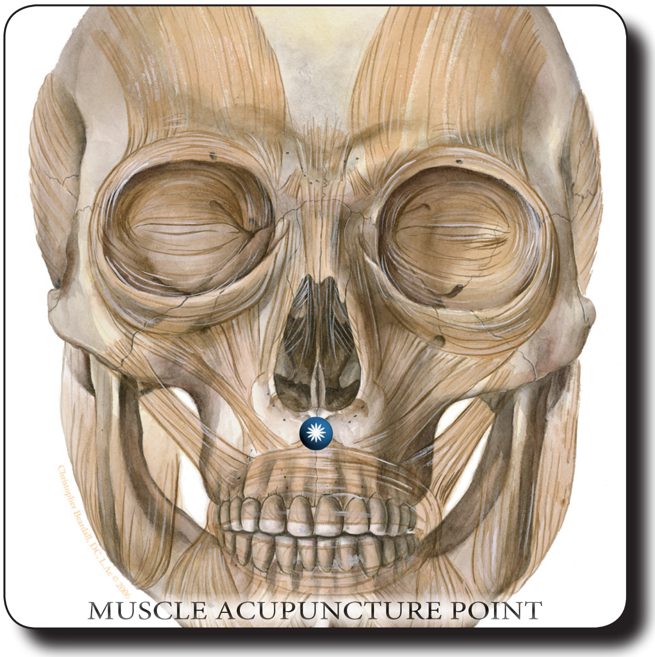


MUSCLE ACUPUNCTURE POINT

Muscle 744: PUBOCOCCYGEUS

ORIGIN: Dorsal surface of pubes and anterior aspects of Arcus tendineus (Ileopectineal line on inner aspect of ischium).

INSERTION: Central tendinous points of the perineum around rectal sphincter.

ACTION: Support the pelvic floor. Draws the anus forward and constricts it.

TEST:

Patient: Prone, ipsilateral knee flexed 90° extend ipsilateral thigh 23° with 30° internal rotation and slight adduction of femur (ankle toward outside).

Doctor: Brace contralateral knee on medial side, contact medial condyle of ipsilateral femur to abduct thigh.

NEUROVASCULAR: (Sup/Midline) Sagittal suture - halfway between anterior and posterior fontanel.

NEUROLYMPHATIC: (Post/Midline) Gv 11.5, T4-T5 between spinous processes.

VISCERAL ORGAN:

I. *Lungs:* (Ant/L) 4th rib costocartilage junction.

II. *Heart:* (Ant/L) 2nd ICS just lateral to midclavicular line.

M. A. P. : Gv26

V.L. : L5R

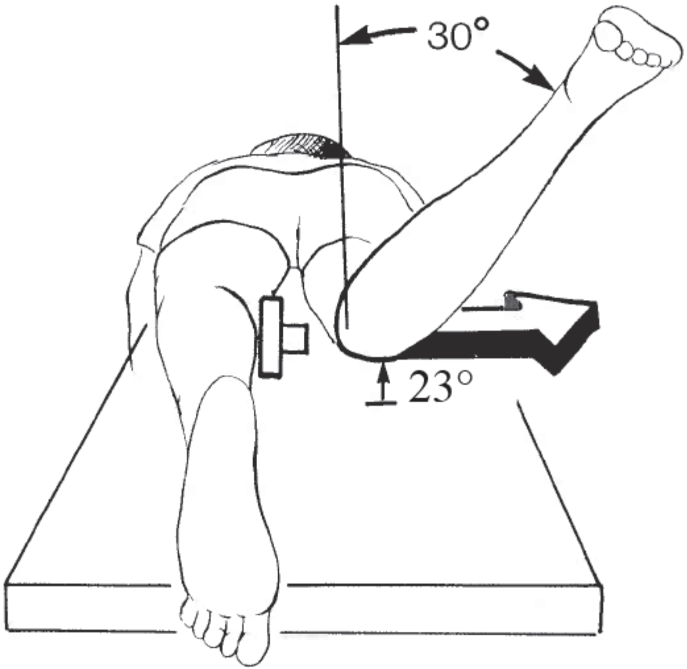
L. B. V.L. : C1R

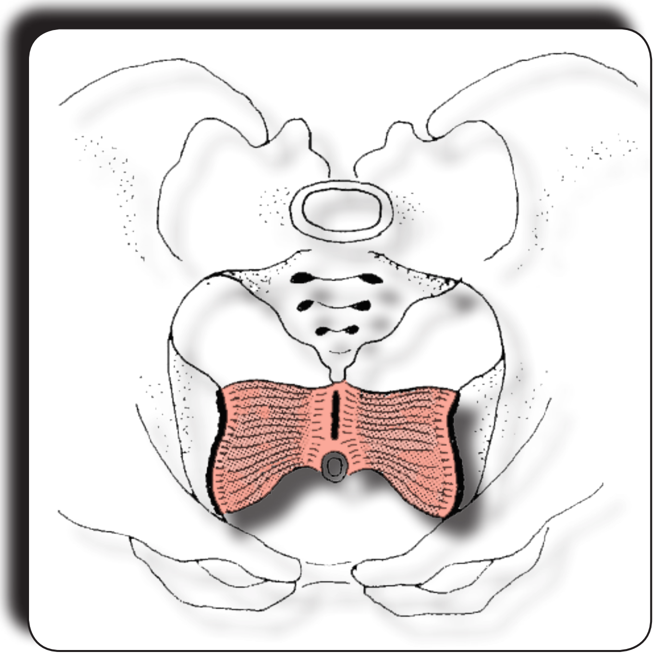
M. M. : S2

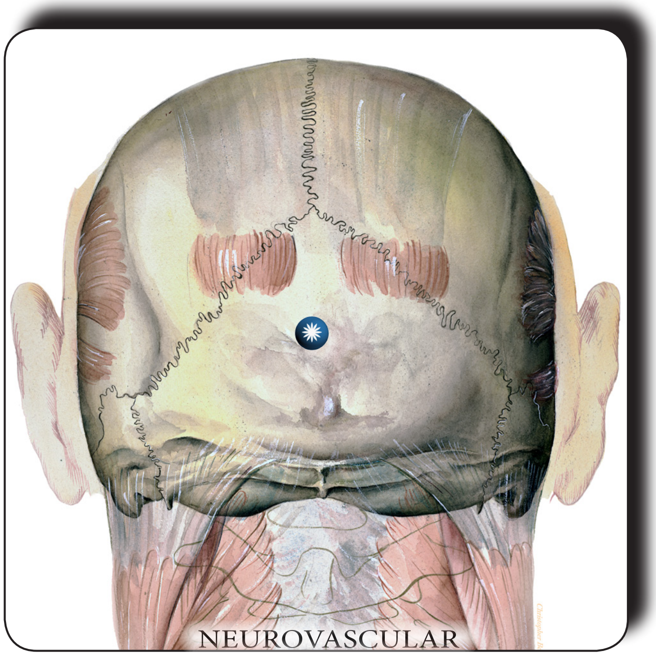
CRANIAL: Occipital torque

FOOT: Calcaneus

NUTRIENT SOURCE: Pepsin
1 . Core Level Pepsin (NW)







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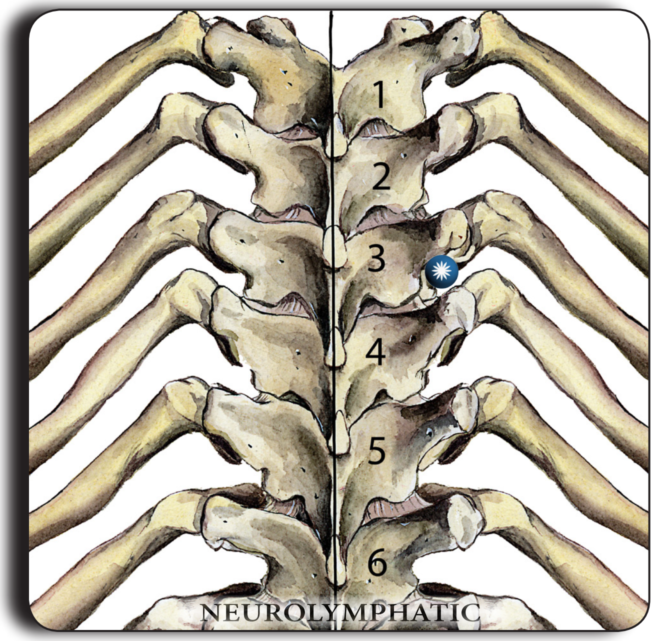

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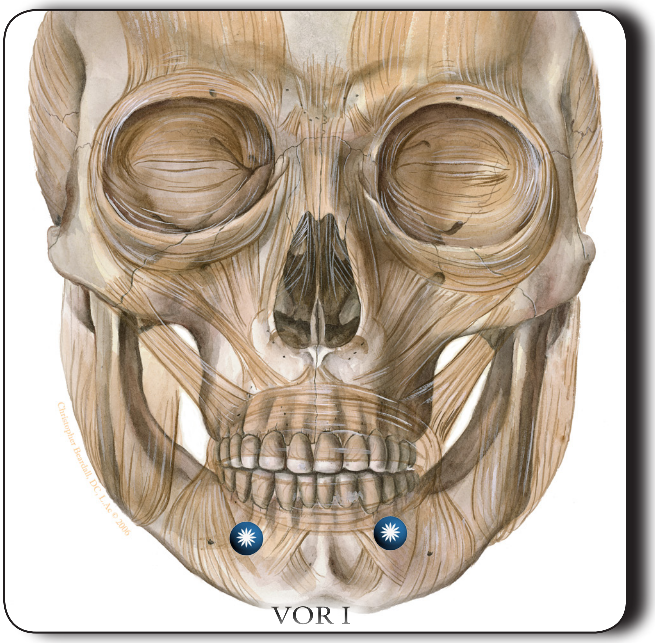

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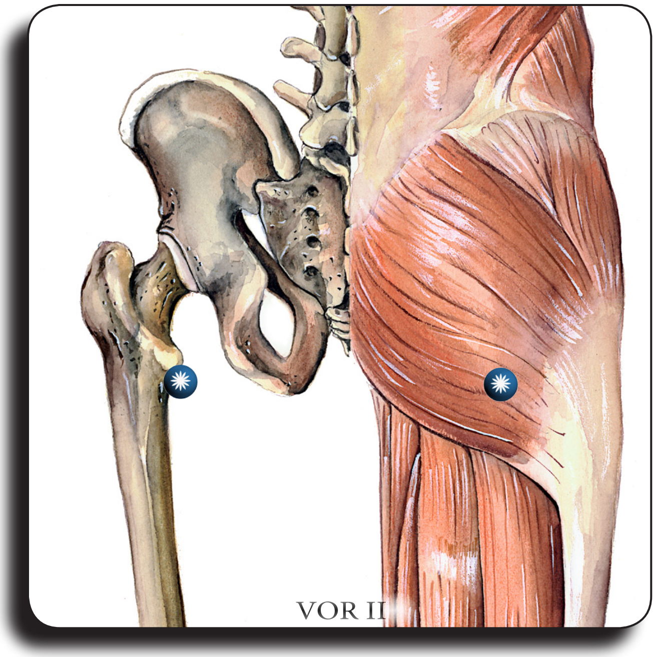

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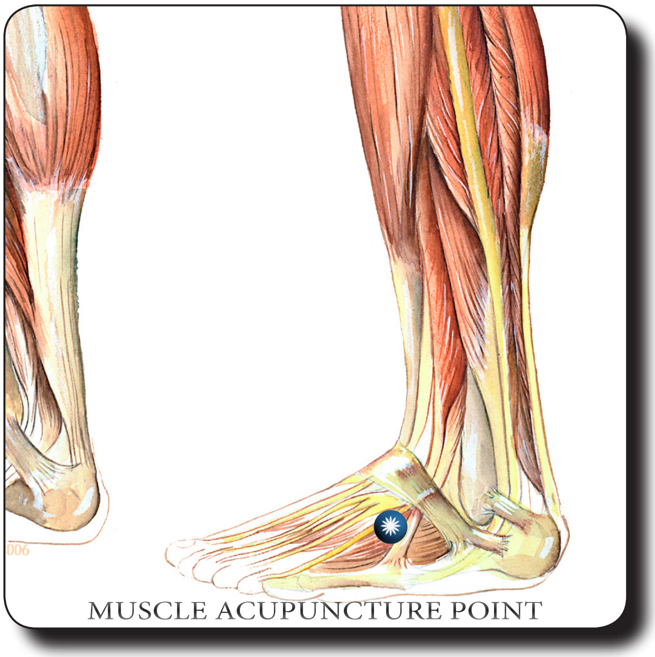


MUSCLE ACUPUNCTURE POINT

Muscle 746: ILEOCOCCYGEUS

ORIGIN: Spine of ischium, inner surface and Arcus tendineus.

INSERTION: Last two segments of coccyx and coccygeal ligament.

ACTION: Support the pelvic floor.

TEST:

Patient: Prone, flex ipsilateral knee 90°, extend thigh 23°, with no rotation.

Doctor: Brace contralateral knee on medial side, contact medial condyle of ipsilateral femur to abduct thigh.

NEUROVASCULAR: (Post/Midline) Occiput - halfway between posterior fontanel and E.O.P.

NEUROLYMPHATIC: (Post/R) 3rd ICS, just lateral to spine.

VISCERAL ORGAN:

I. Thyroid: (Ant/BL) Mandible below 1st and 2nd premolar halfway between Cv24 and St5.

II. Prostate/Uterus: (Post/BL) Belly of Gluteus maximus halfway between G30 and B50.

M. A. P. : G41

V.L. : L2R

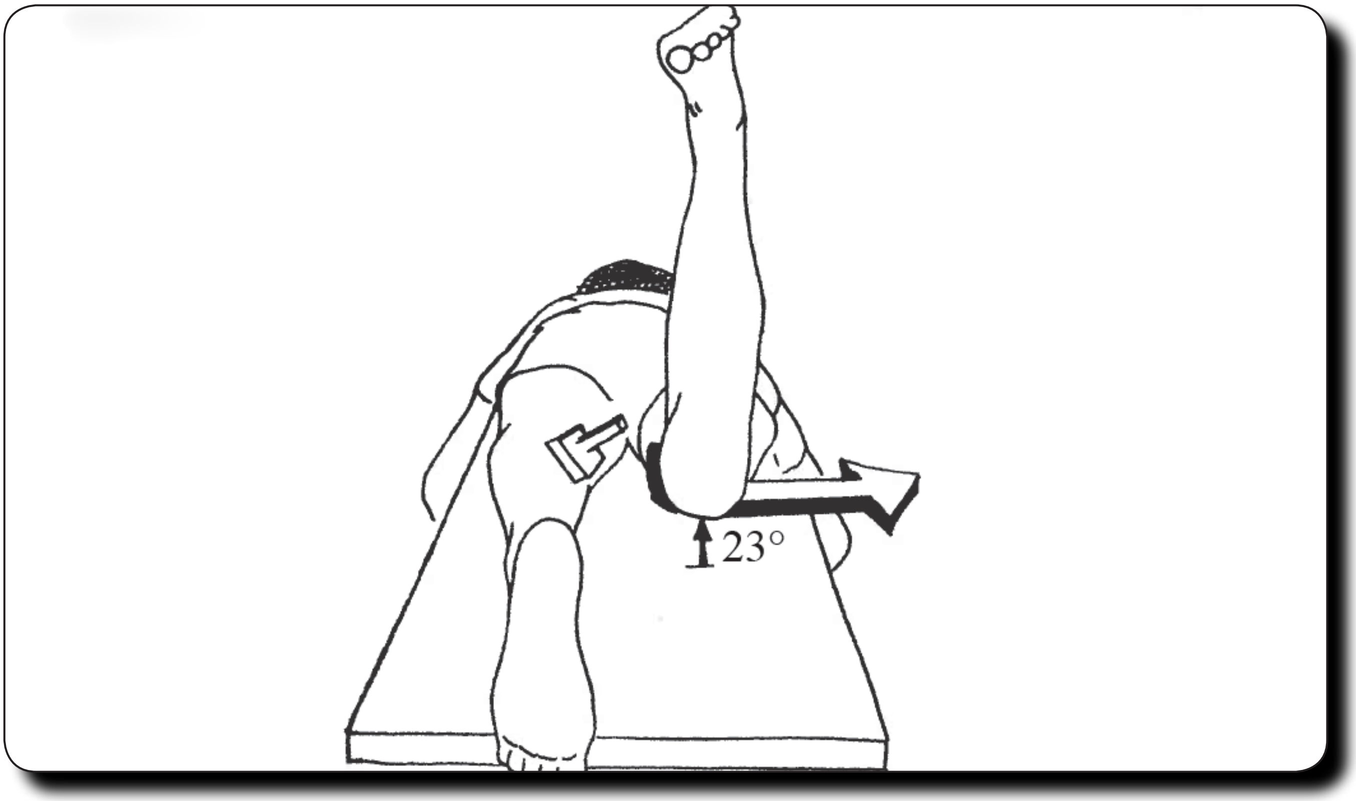
L. B. V.L. : C4R

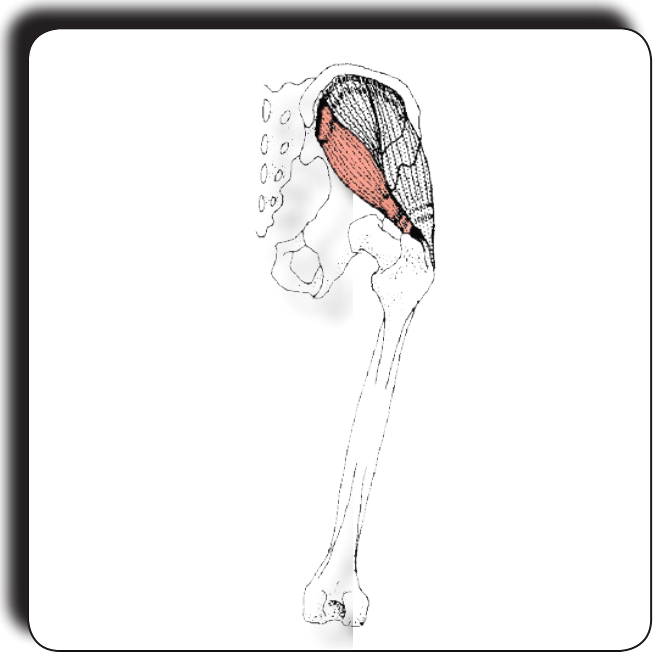
M. M. : S2

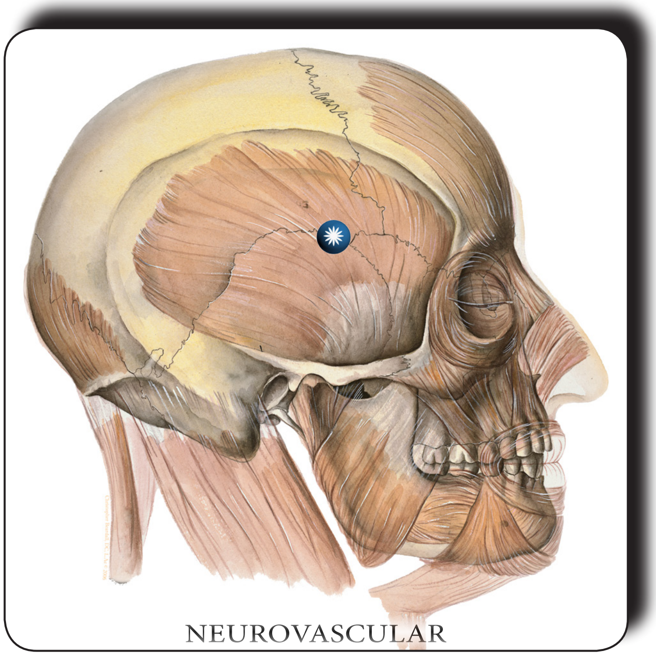
CRANIAL: Lacrimal

FOOT: 2nd proximal phalanx

NUTRIENT SOURCE: Vitamin C
1. Core Level Vitamin C (NW)
Notes: Spindle cells down and backward.







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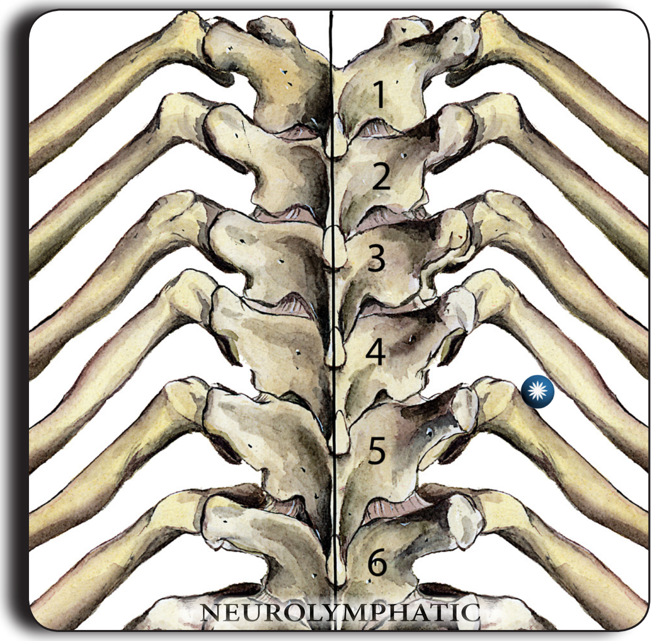

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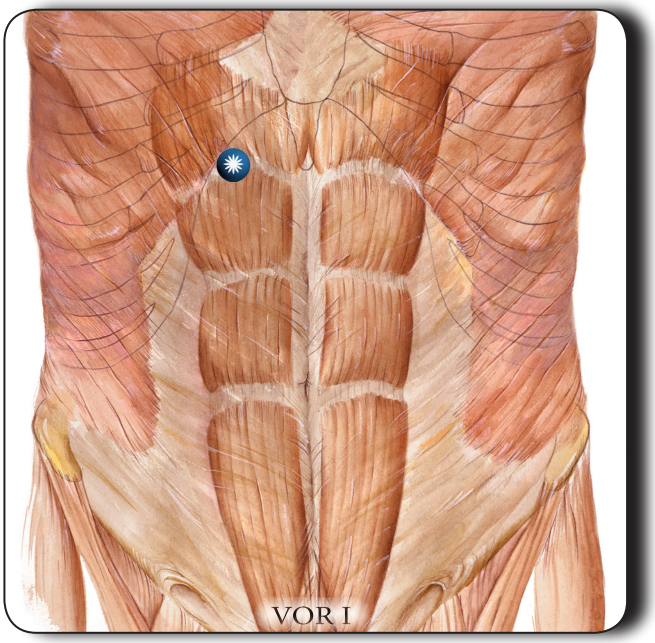

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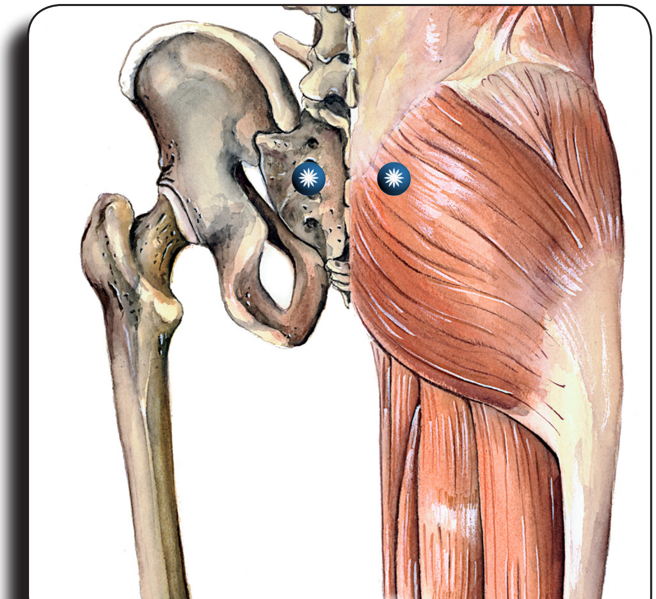

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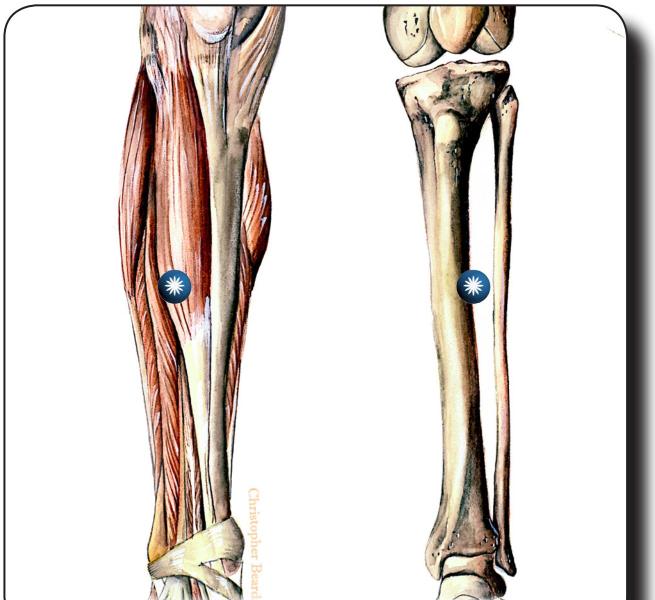


MUSCLE ACUPUNCTURE POINT

Muscle 780: GLUTEUS MEDIUS, (Posterior Division)

ORIGIN: Posterior third of Gluteus medius on outer surface of ilium below iliac crest.

INSERTION: Lateral surface of greater trochanter.

ACTION: Abducts and externally rotates the femur.

TEST:

Patient: Supine, straight leg, abduct ipsilateral hip 30° with full external rotation of femur.

Doctor: Brace contralateral ankle, contact ipsilateral lateral tibia above ankle to adduct thigh.

NEUROVASCULAR: (Lat) Pterion junction of sphenoid-parietal and sphenoid-temporal on suture.

NEUROLYMPHATIC: (Post/R) 4th ICS, 2" out from spine.

VISCERAL ORGAN:

I. Gallbladder - Duct System: (Ant/R) origin 4th section Rectus abdominis near its lateral border.

II. Vagina/Penis: (Post/BL) B29, 1" below PSIS on sacrum.

M. A. P. : St39

V.L. : T4R

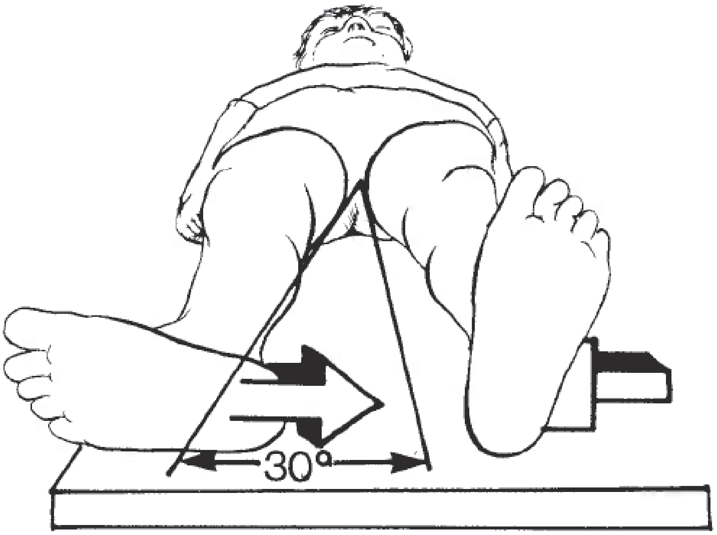
L. B. V.L. : T7R

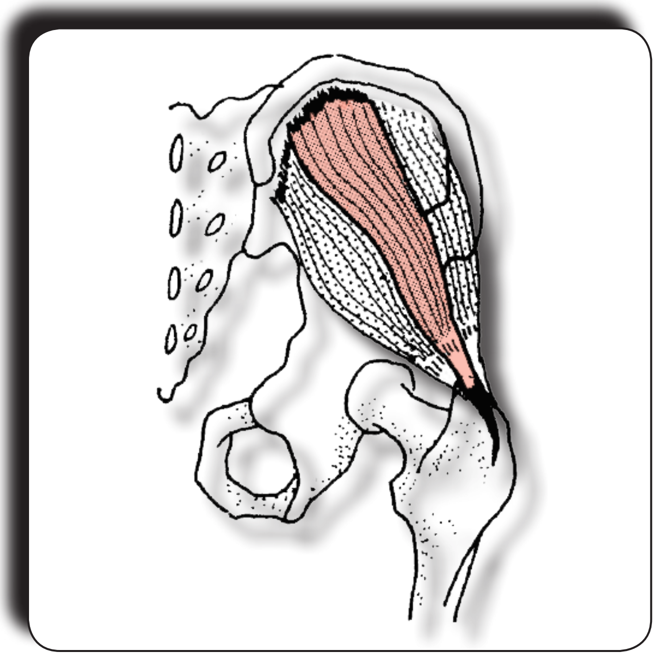
M. M. : L5

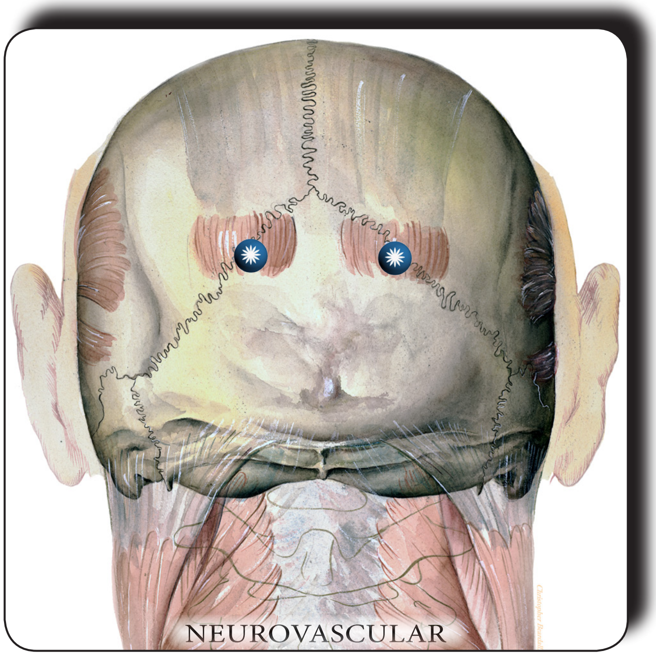
CRANIAL: Maxillary A-P

FOOT: 3rd metatarsal

NUTRIENT SOURCE: Potassium
1. Core Level Potassium (NW)
2. Core Level Bile (NW)
3. Core Level D-Tox (NW)



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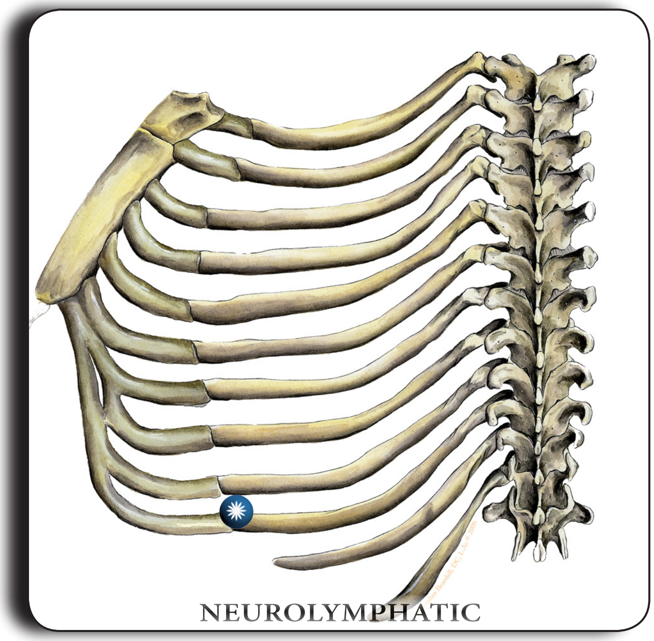
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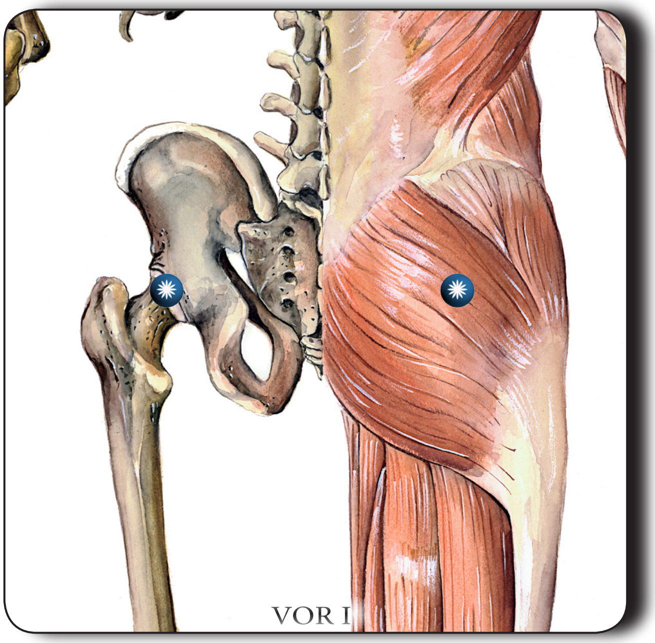
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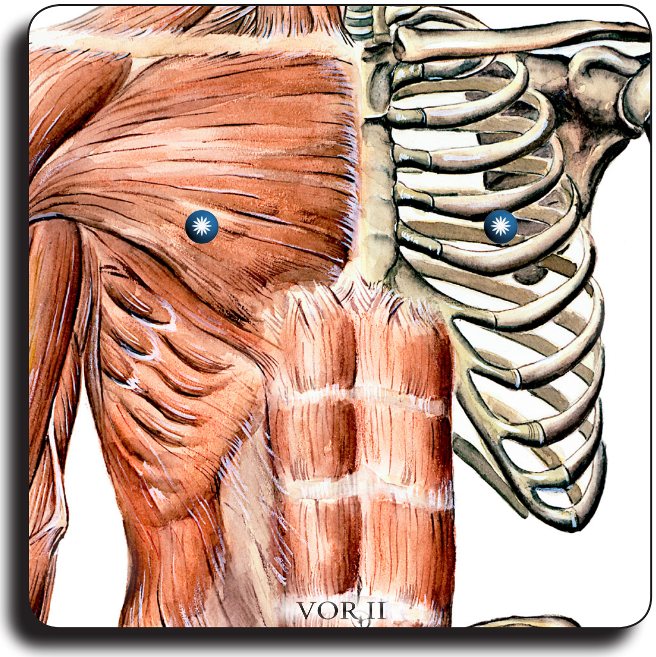
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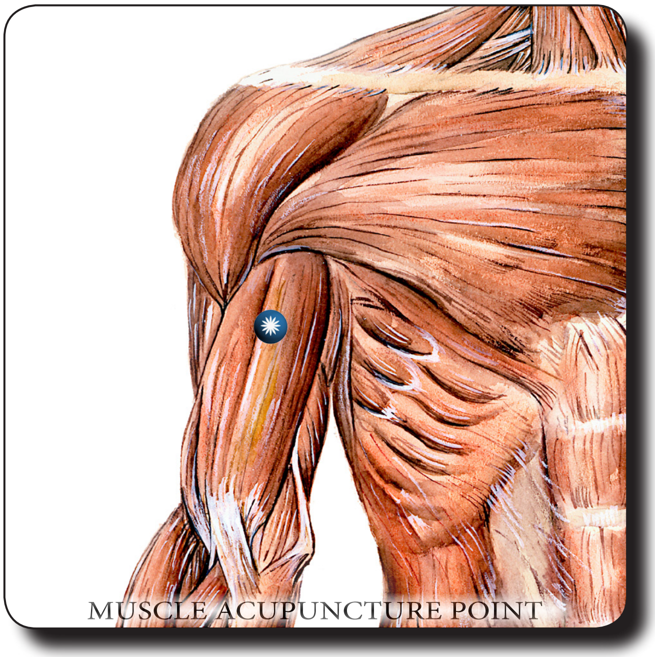

MUSCLE ACUPUNCTURE POINT

Muscle 782: GLUTEUS MEDIUS, (Middle Division)

ORIGIN: Middle third of Gluteus medius on outer surface of ilium below iliac crest.

INSERTION: Lateral surface of greater trochanter.

ACTION: Abducts the femur.

TEST:

Patient: Supine, straight leg, abduct ipsilateral hip 30° with no rotation of femur.

Doctor: Brace contralateral ankle, contact ipsilateral lateral malleolus to adduct thigh.

NEUROVASCULAR: (Post/BL) Lambdoidal suture approximately 1" lateral to posterior fontanel.

NEUROLYMPHATIC: (Lat/L) 9th ICS, 4" posterior to cartilage.

VISCERAL ORGAN:

I. Prostate/Uterus: (Post/BL) Posterior side of ilium near junction of acetabular lip.

II. Mammary: (Ant/BL) 10 o'clock on nipple.

M. A. P. : Cx2.25

V.L. : L4L

L. B. V.L. : C2L

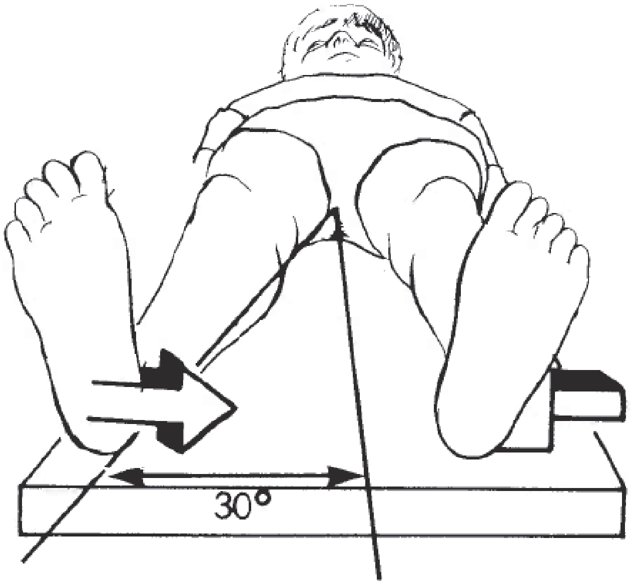
M. M. : L5

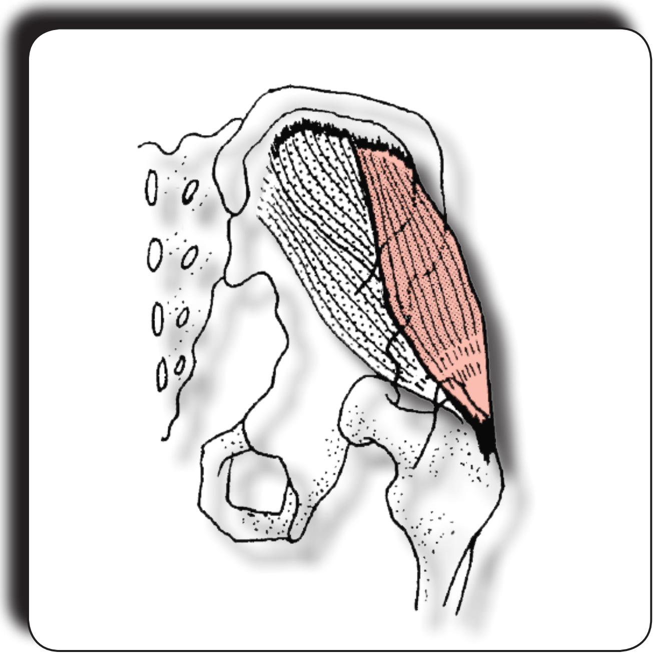
CRANIAL: Temporal bulge

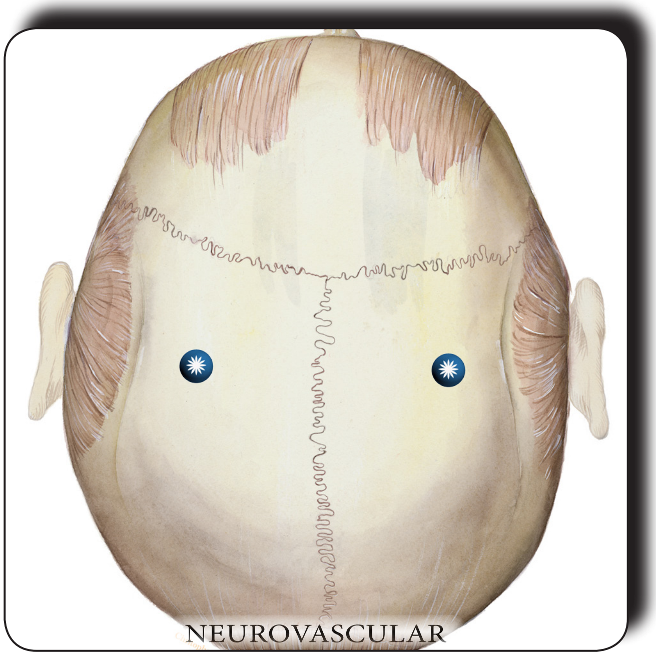
FOOT: Cuboid

NUTRIENT SOURCE: Iron

1. Core Level Iron (NW)







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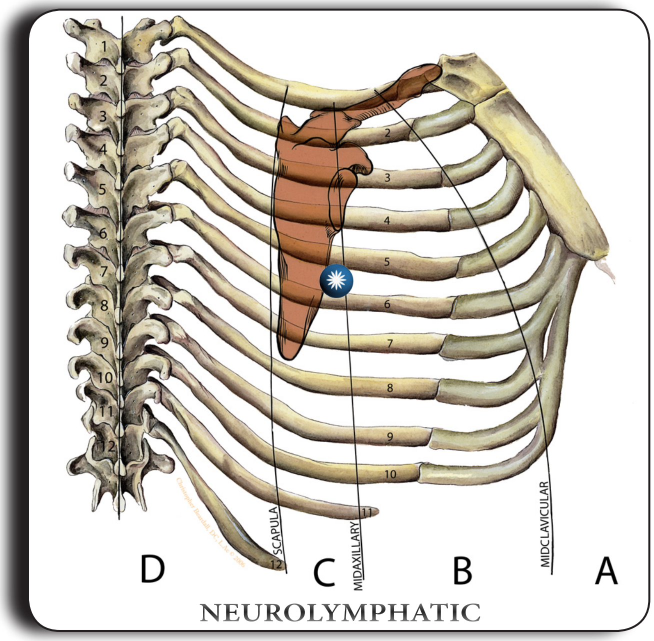
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MIDAXILLARY
MIDCLAVICULAR
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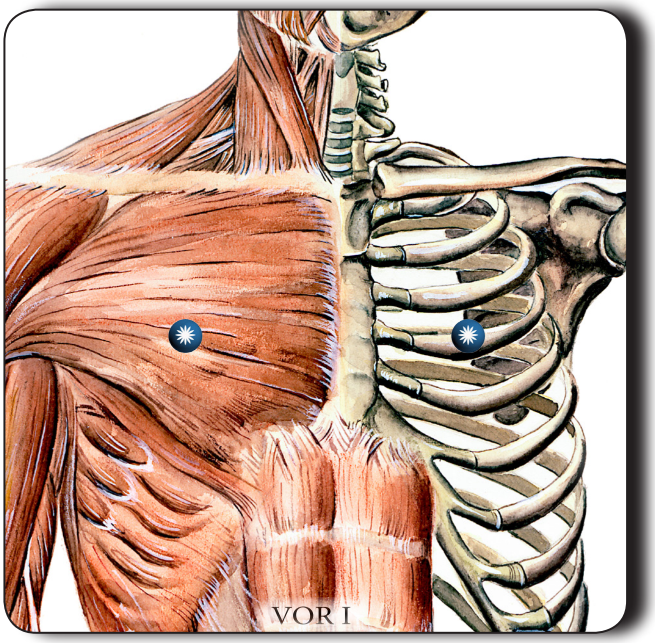
B
A

NEUROLYMPHATIC



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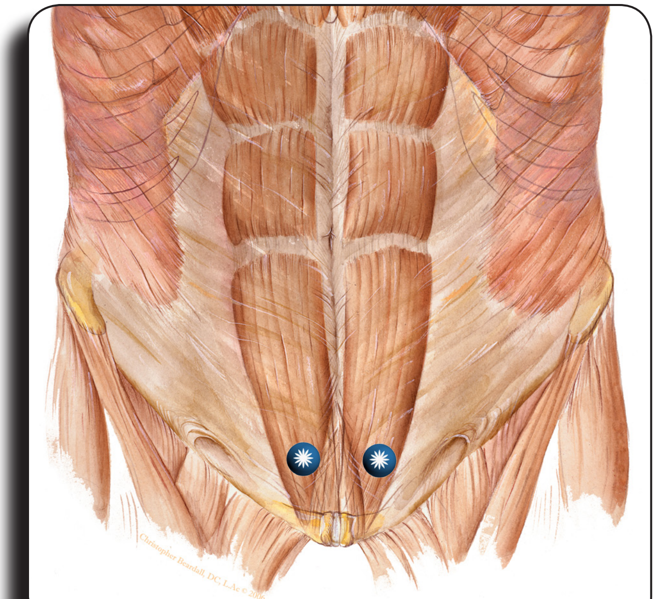

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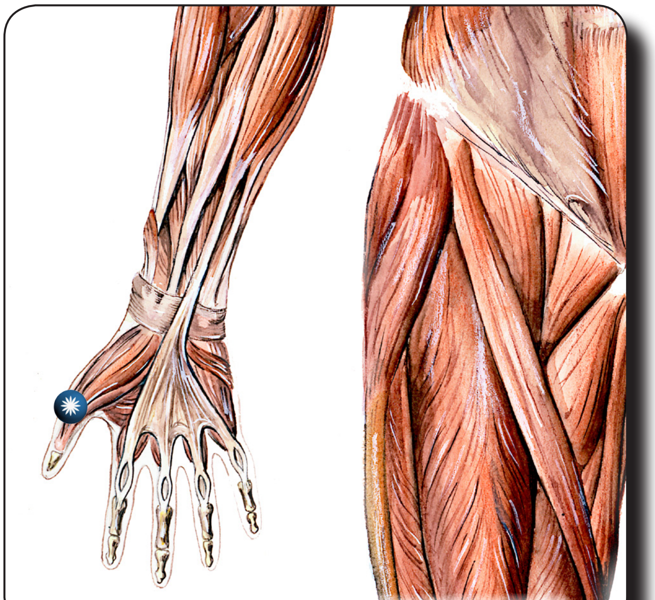


MUSCLE ACUPUNCTURE POINT

Muscle 784: GLUTEUS MEDIUS, (Anterior Division)

ORIGIN: Anterior third of Gluteus medius on outer surface of ilium below iliac crest.

INSERTION: Greater trochanter of femur, posterior superior surface.

ACTION: Abducts and internally rotates the femur.

TEST:

Patient: Supine, straight leg, abduct ipsilateral hip 30° with full internal rotation.

Doctor: Brace contralateral ankle, contact ipsilateral lateral malleolus to adduct thigh.

NEUROVASCULAR: (Sup/BL) Parietal bone 1" above superior temporal line and 1" posterior to coronal suture.

NEUROLYMPHATIC: (Lat/R) 5th ICS, lateral parahumeral area.

VISCERAL ORGAN:

I. Lungs: (Ant/BL) 3rd ICS medial to nipple and 2-3" lateral to sternum.

II. Ovaries/Testicles: (Ant/BL) Muscle belly of 1st section Rectus abdominis 1" superior to pubes.

M. A. P. : Lu10.5

V.L. : L2L

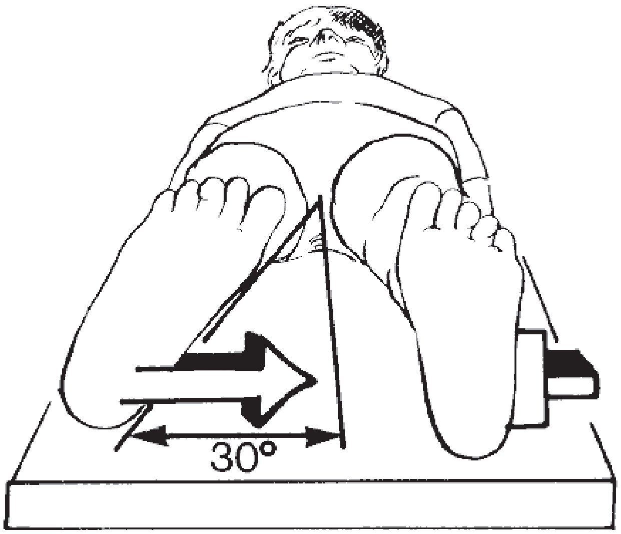
L. B. V.L. : C4L

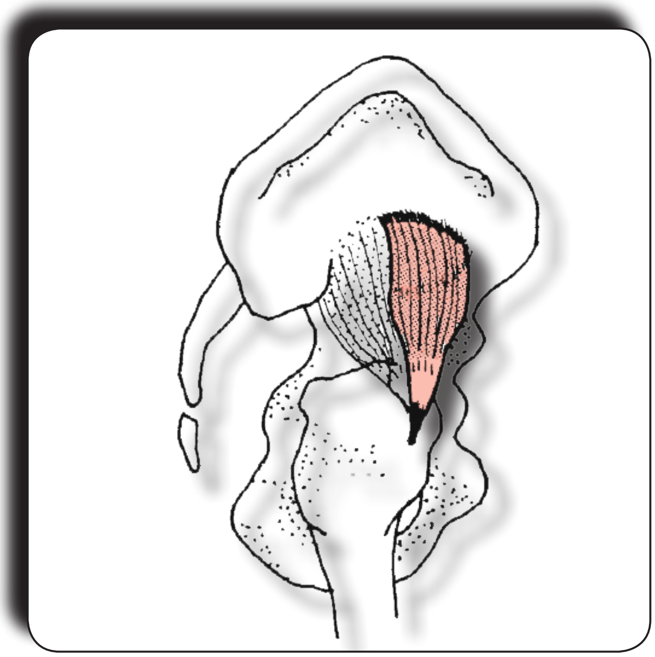
M. M. : L5

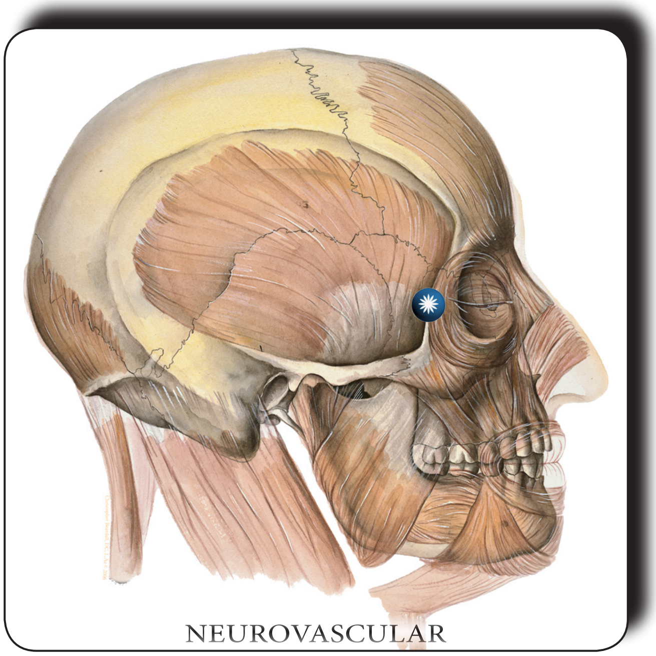
CRANIAL: Rotation rocker

FOOT: In Research

NUTRIENT SOURCE: Trace Minerals
1. Trace Minerals Plus (NW)
2. Core Level Zinc (NW)



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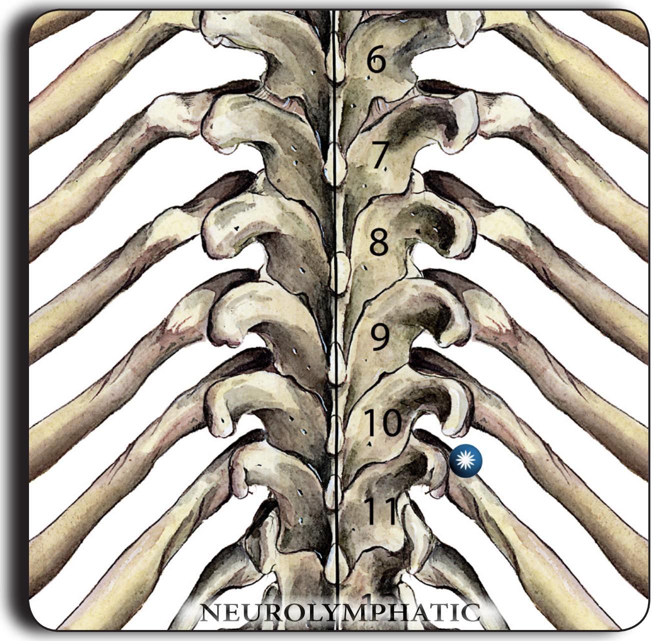
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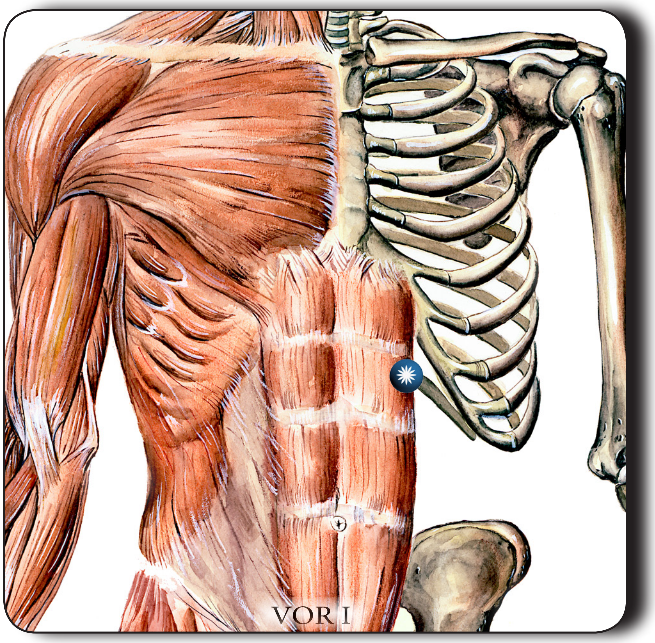
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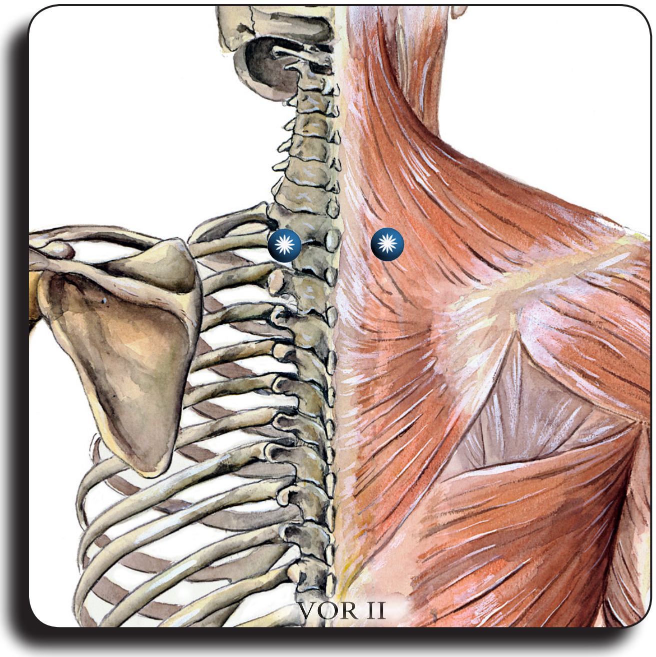
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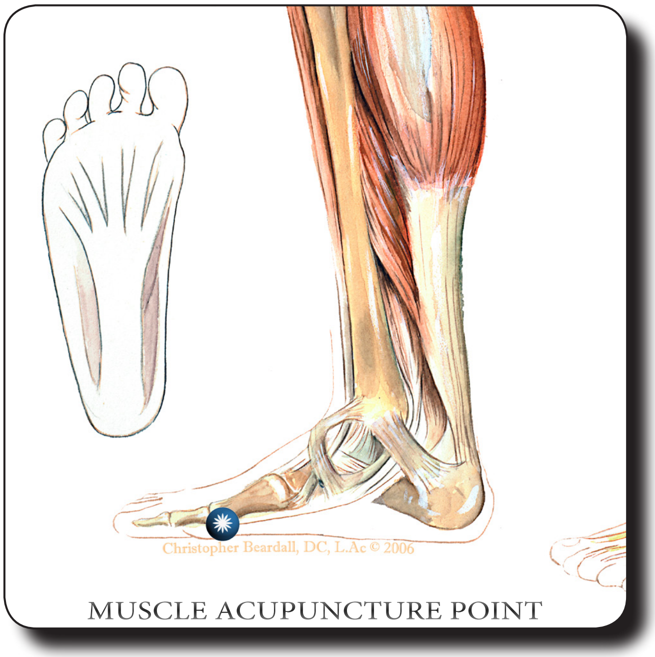

Christopher Beardall, DC, L.Ac © 2006
MUSCLE ACUPUNCTURE POINT

Muscle 786: GLUTEUS MINIMUS, (Anterior Division)

ORIGIN: Outer surface of ilium between anterior and inferior gluteal lines.

INSERTION: Anterior border of greater trochanter.

ACTION: Flexion and abduction of femur.

TEST:

Patient: Supine, straight leg; flex ipsilateral thigh 30°, abduct 10° with no rotation of femur.

Doctor: Brace contralateral ankle; contact ipsilateral lateral malleolus to adduct thigh.

NEUROVASCULAR: (Lat) Zygomatic bone, posterior superior border.

NEUROLYMPHATIC: (Post/R) 10th ICS, paraspinal area, just outside transverse process.

VISCERAL ORGAN:

I. Pancreas - Insulin: (Ant/L) 3rd section of Rectus abdominis, medial to tip of 8th rib.

II. Lungs: (Post/BL) B11 transverse of T2.

M. A. P. : Sp3

V.L. : L5R

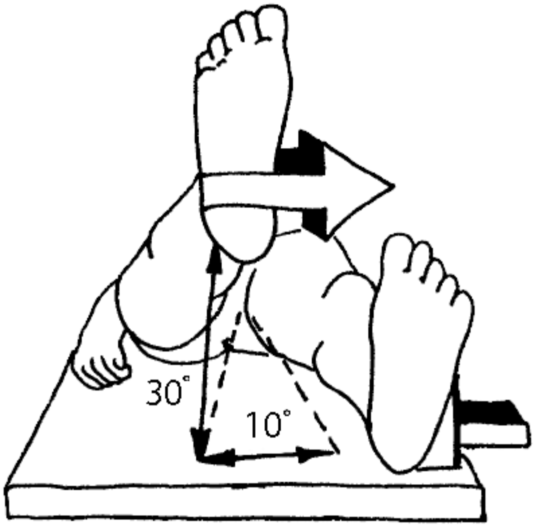
L. B. V.L. : C1R

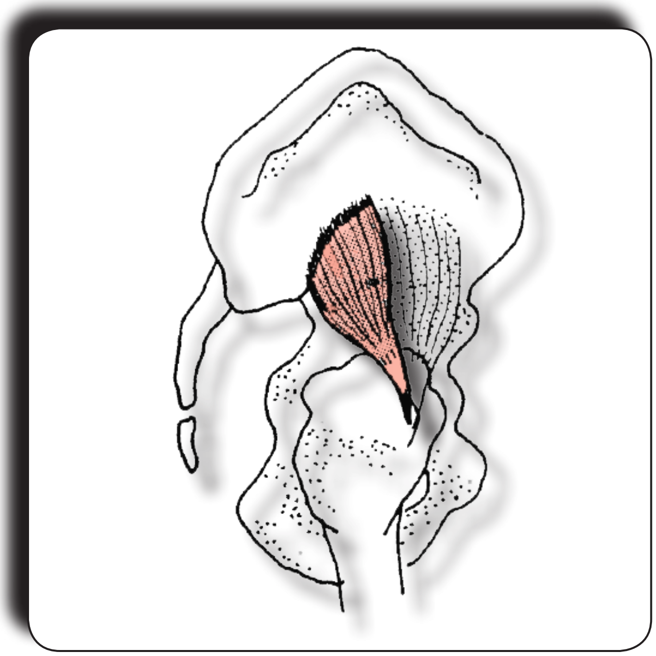
M. M. : S1

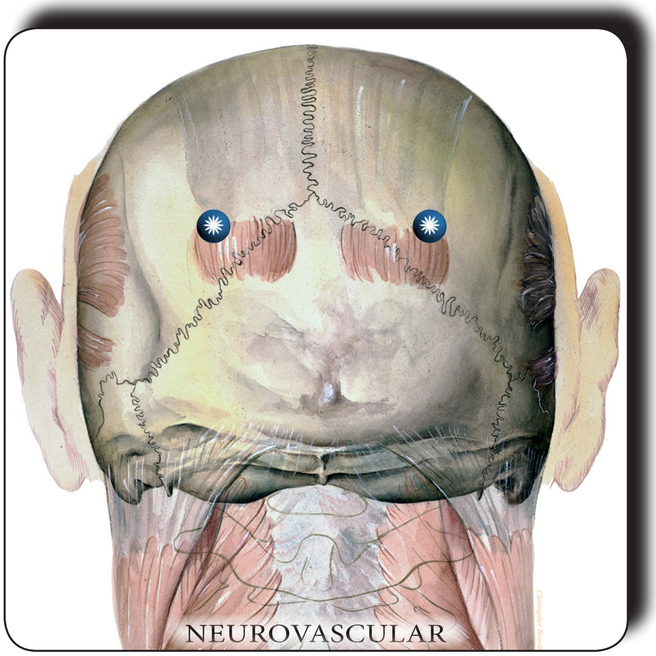
CRANIAL: Temporal bulge

FOOT: Cuboid

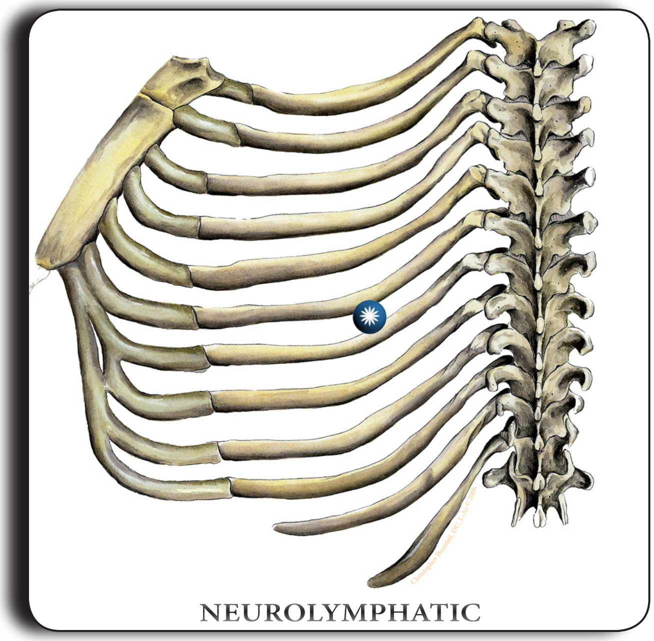
NUTRIENT SOURCE: Manganese
1. Core Level Manganese (NW)
2. Core Level Bile (NW)



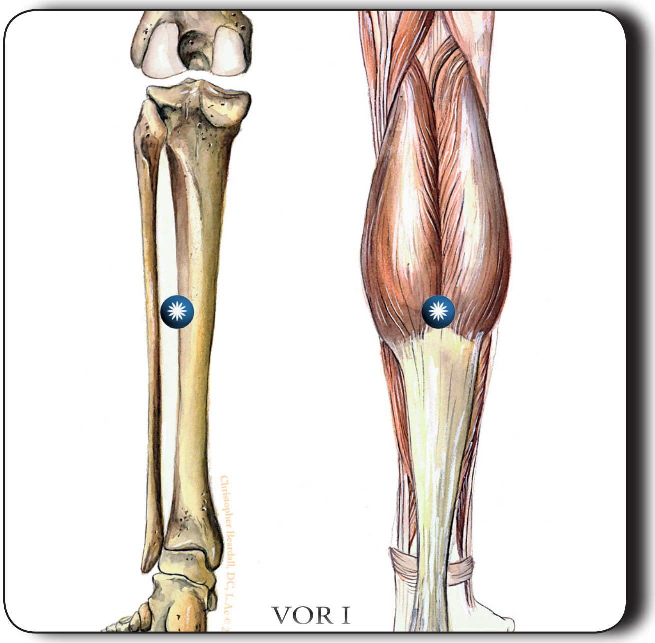




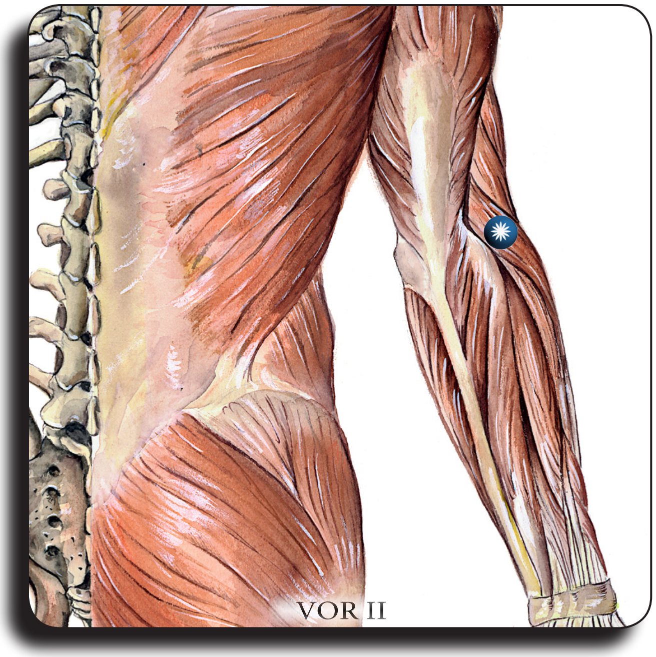
NEUROVASCULAR



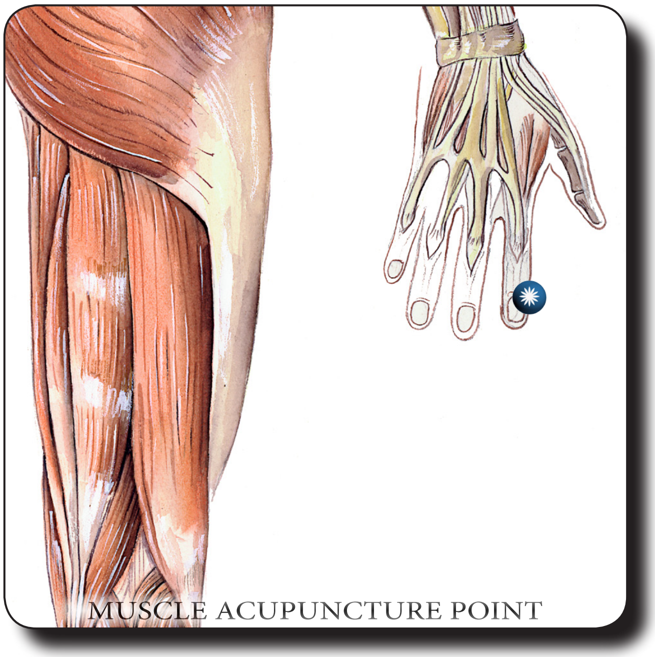
NEUROLYMPHATIC



VOR I



VOR II



MUSCLE ACUPUNCTURE POINT

Muscle 788: GLUTEUS MINIMUS, (Posterior Division)

ORIGIN: Outer surface of ilium at margin of greater sciatic notch.

INSERTION: Anterior border of greater trochanter.

ACTION: Abduction, flexion, and external rotation of the femur.

TEST:

Patient: Supine, straight leg, flex ipsilateral thigh 30° and abduct 10° with full external rotation of femur (toe out).

Doctor: Brace contralateral ankle, contact ipsilateral lateral malleolus to adduct thigh.

NEUROVASCULAR: (Post/BL) Parietal bone - 1" anterior to midline of lambdoidal suture.

NEUROLYMPHATIC: (Lat/L) 5th ICS, parahumeral 6-8" lateral to sternum.

VISCERAL ORGAN:

I. Pancreas - Duct system: (Post/BL) R - B57 at back of calf.

II. Penis: (Post/R) Li12- posterior lateral aspect of elbow.

M. A. P. : Li1

V.L. : C6L

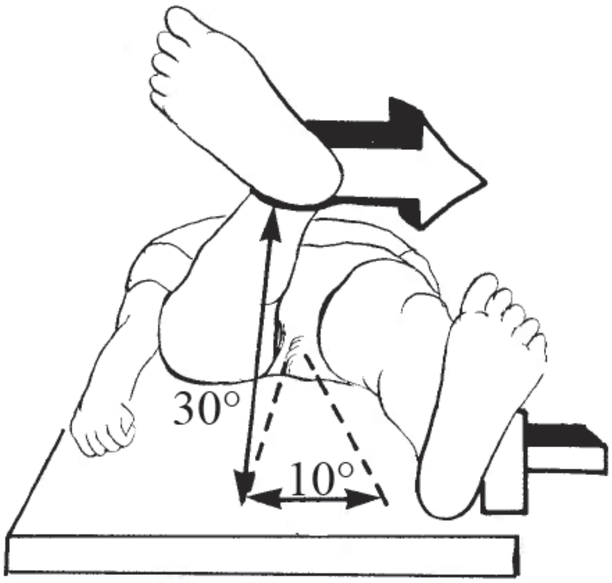
L. B. V.L. : T12L

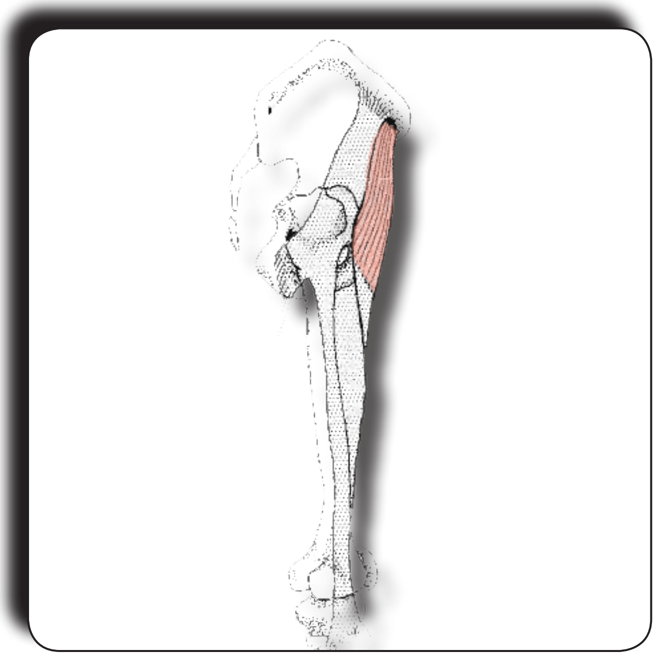
M. M. : L5

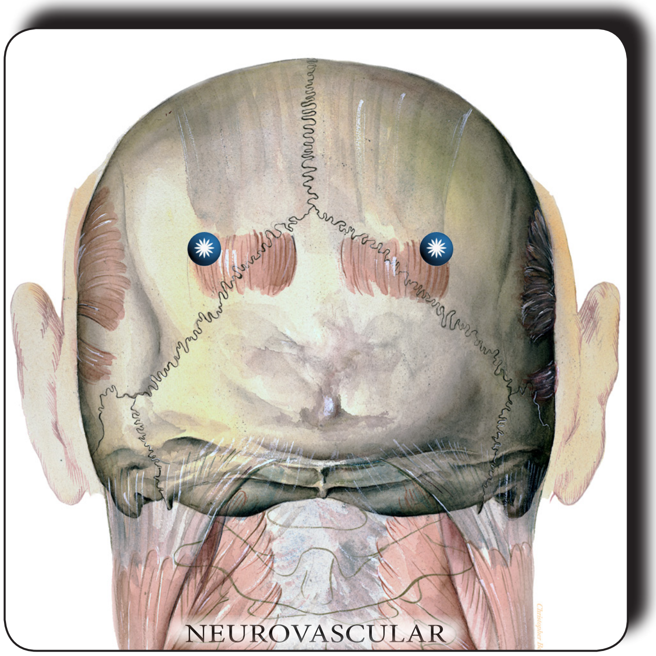
CRANIAL: Maxillary A-P

FOOT: 3rd Metatarsal

NUTRIENT SOURCE: Calcium chloride
1. Core Level Calcium (NW)



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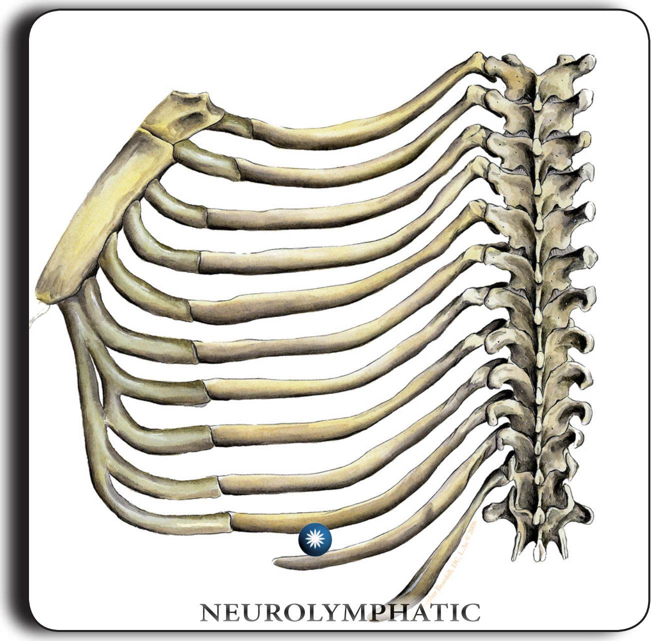
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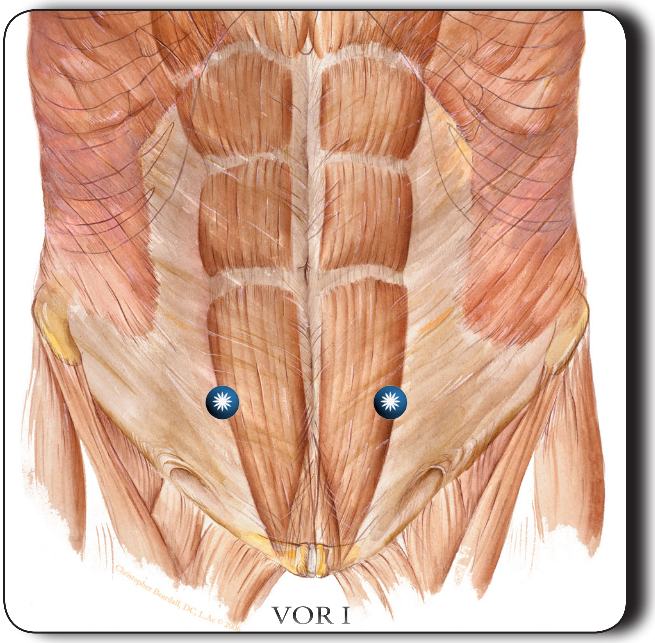
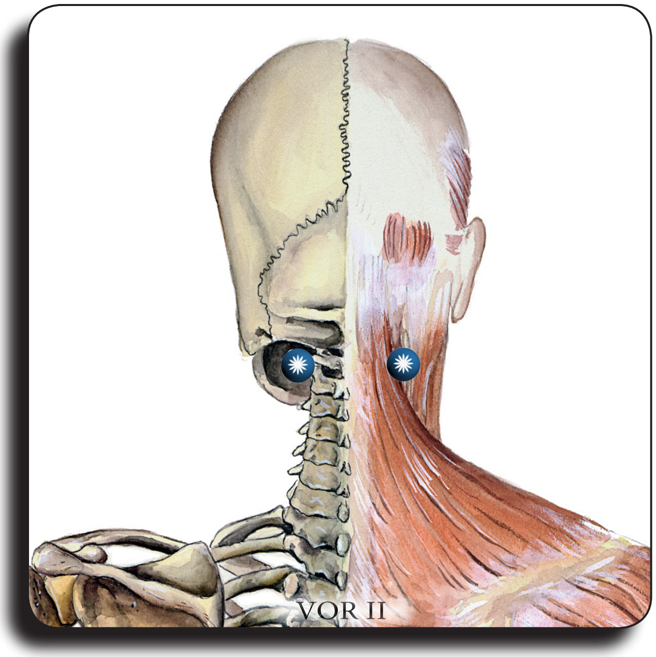
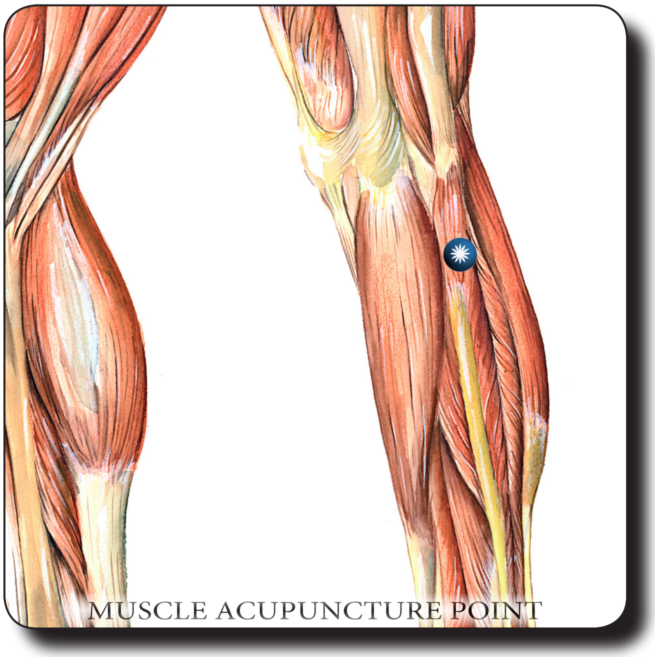





MUSCLE ACUPUNCTURE POINT

790: TENSOR FASCIA LATA, (Anterior Division)

Muscle 790: TENSOR FASCIA LATA, (Anterior Division)

ORIGIN: Anterior part of outer lip of iliac crest, anterior border of ilium.

INSERTION: Middle third of iliotibial tract of fascia lata.

ACTION: Abduction, flexion and internal rotation of the femur.

TEST:

Patient: Supine, straight leg, flex ipsilateral thigh 30° and abduct 15° with full internal rotation of femur (toe in).

Doctor: Brace contralateral ankle; contact ipsilateral lateral malleolus to adduct thigh obliquely (press toward contralateral ankle).

NEUROVASCULAR: (Post/BL) Parietal bone 1" superior to midline of lambdoidal suture.

NEUROLYMPHATIC: (Lat/L) 10th ICS at lateral angle.

VISCERAL ORGAN:

I. *Large intestine:* (Ant/BL) 1st section of Rectus abdominis just below level of ASIS.

II. *Eustachian tube:* (Post/BL) G20.2 lateral to transverse of C2.

M. A. P. : G34.3

V.L. : L2R

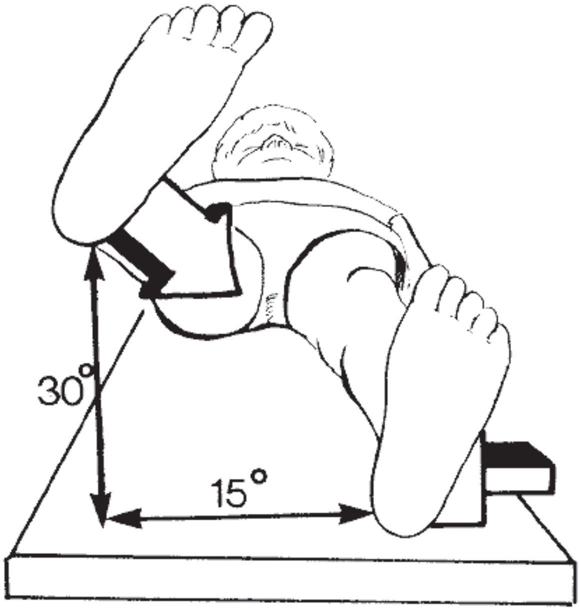
L. B. V.L. : C4R

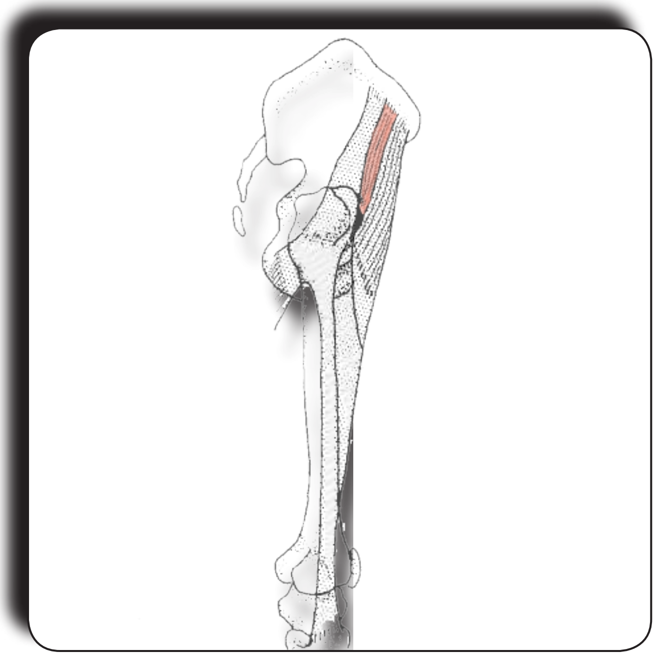
M. M. : L5

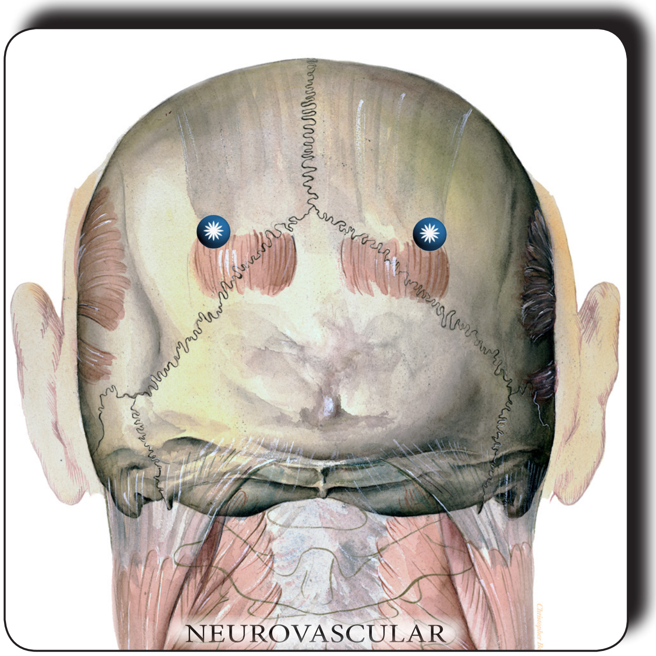
CRANIAL: Parietal descent

FOOT: Talus

NUTRIENT SOURCE: Phosphorus
1. Phos-Drops (NW)



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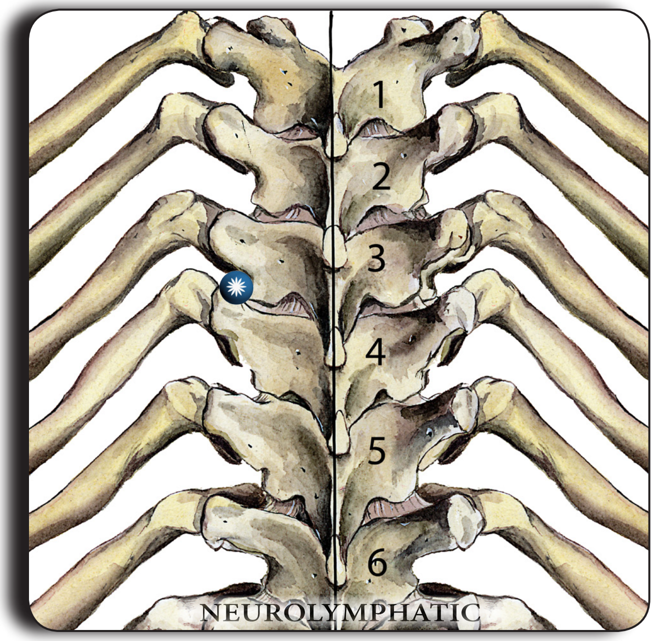
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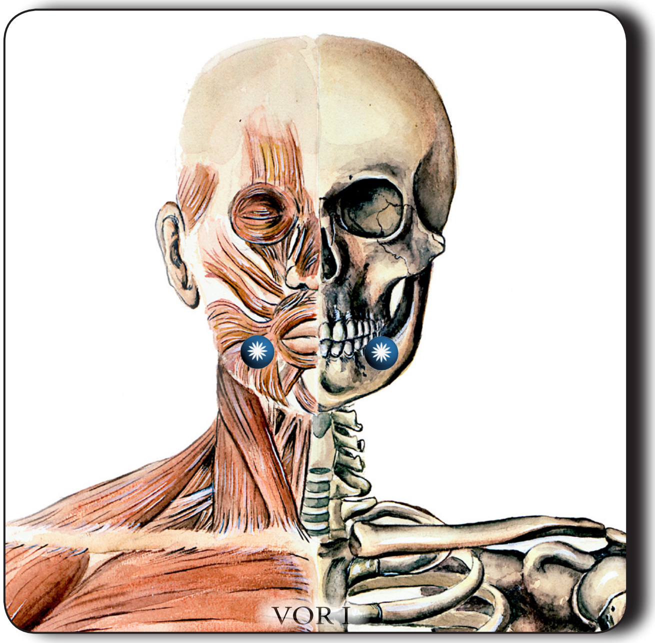
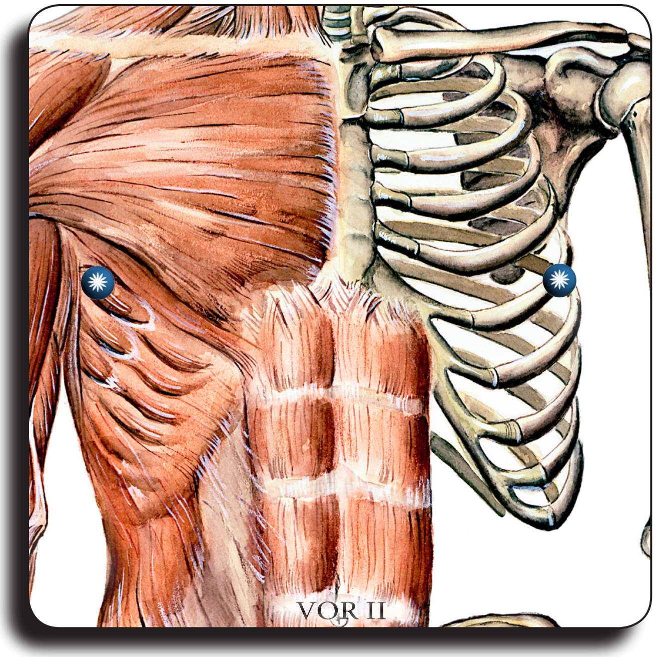

VOR I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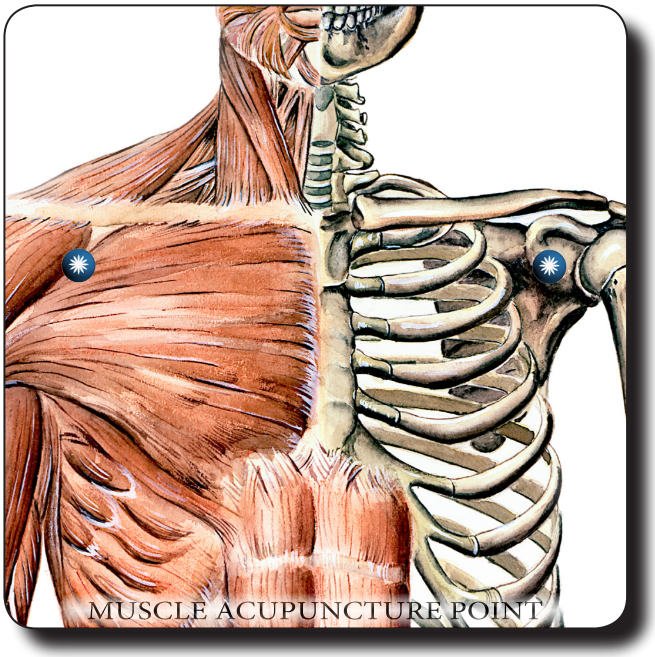

MUSCLE ACUPUNCTURE POINT

Muscle 792: TENSOR FASCIA LATA, (Posterior Division)

ORIGIN: Most posterior fibers of tensor fascia lata along outer lip of iliac crest and deep surface of fascial band.

INSERTION: Into fascial band of upper portions of iliotibial tract and gluteal fascia.

ACTION: Abduction, flexion, and internal rotation of the femur.

TEST:

Patient: Supine, straight leg, flex ipsilateral thigh 30° and abduct 15° with full internal rotation of femur (toe in).

Doctor: Brace contralateral ankle; contact ipsilateral lateral malleolus to adduct thigh (through coronal plane).

NEUROVASCULAR: (Post/BL) Parietal bone - just superior to midpoint of lambdoidal suture.

NEUROLYMPHATIC: (Post/L) 3rd ICS, 1/2" to 1" lateral to spinous processes.

VISCERAL ORGAN:

I. Thyroid: (Ant/BL) St4.5 on mandible below angle of mouth.

II. Vaginal vault: (Ant/BL) Sp17 at 6th rib lateral to midclavicular line.

M. A. P. : Lu1

V.L. : T12R

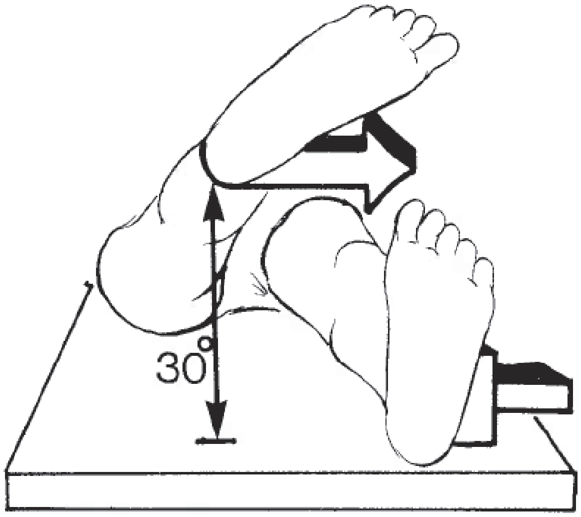
L. B. V.L. : C6R

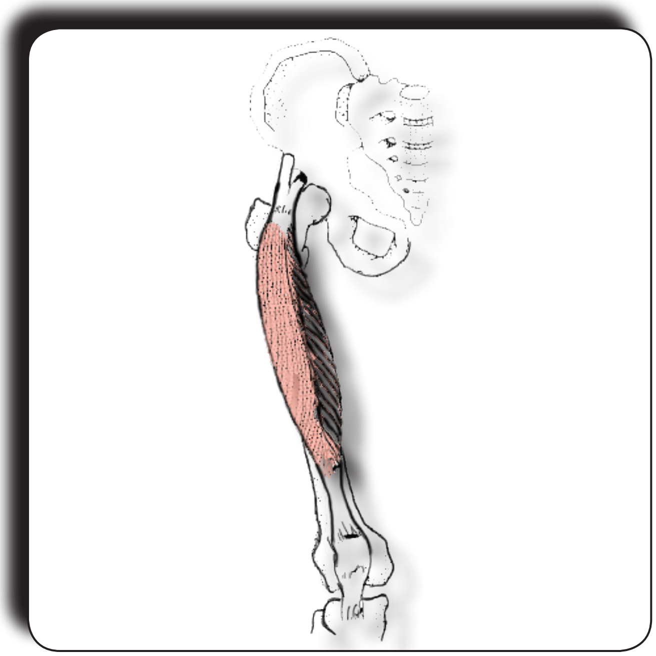
M. M. : S1

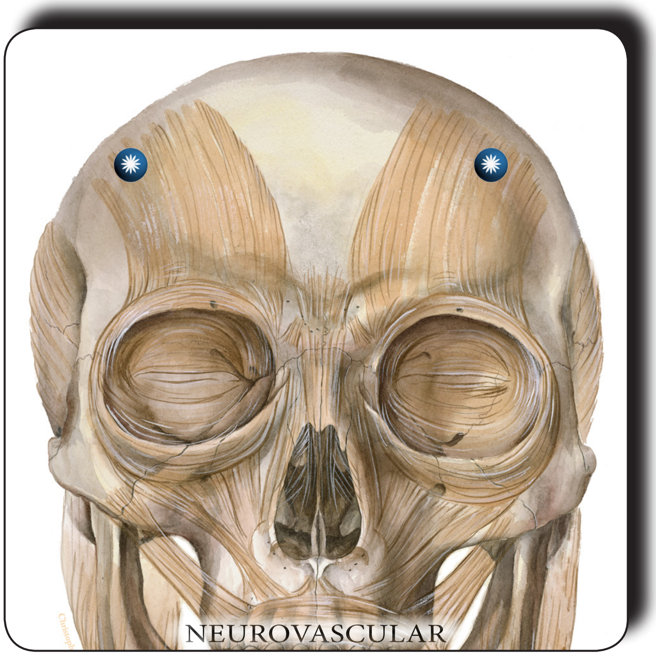
CRANIAL: Parietal descent

FOOT: Talus

NUTRIENT SOURCE: Chlorophyll
1. Chlorophyll Plus (NW)







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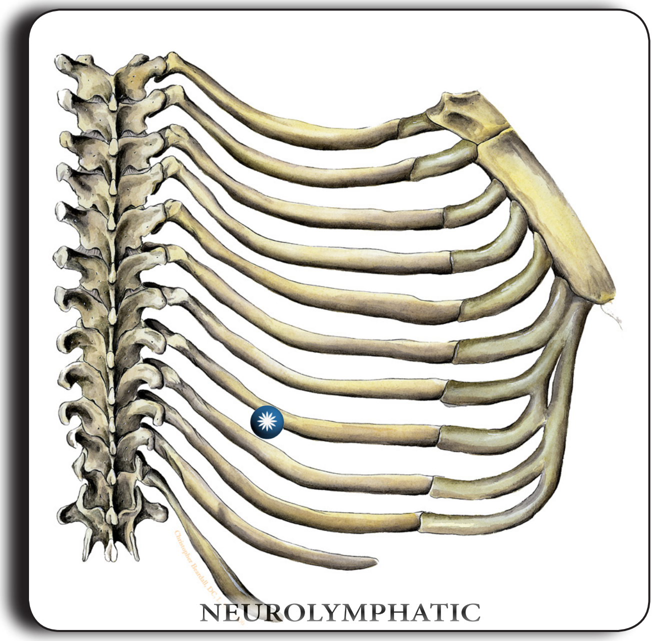

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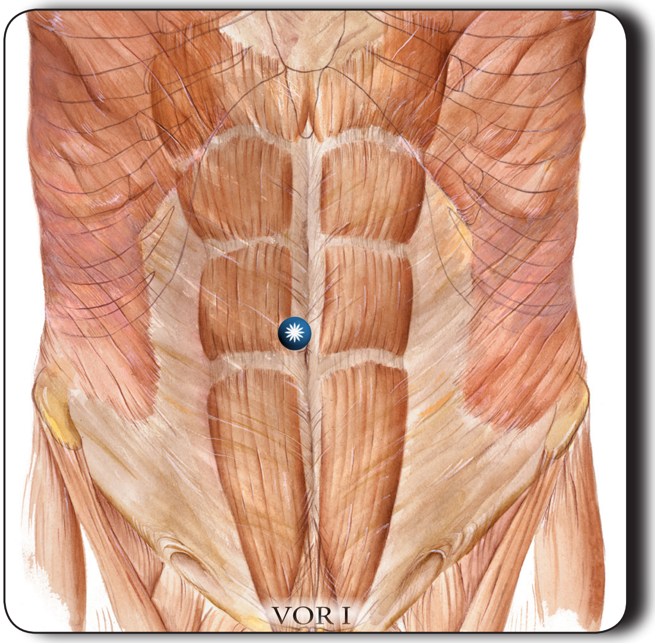

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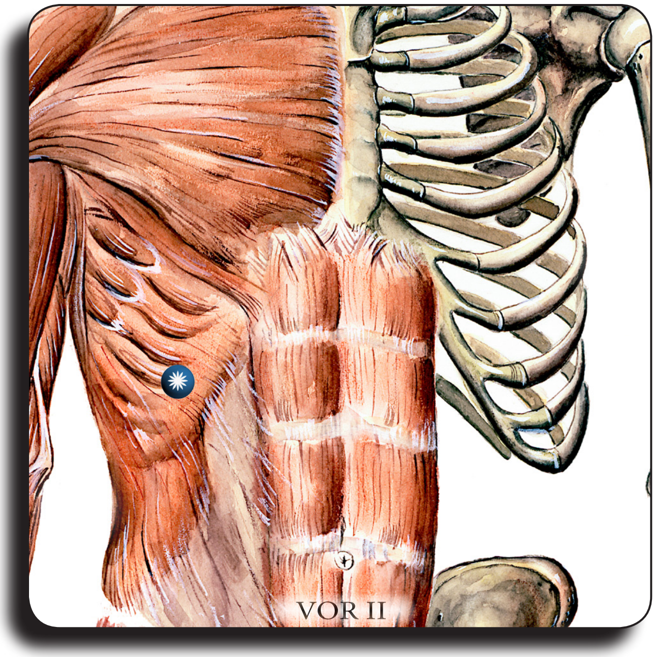
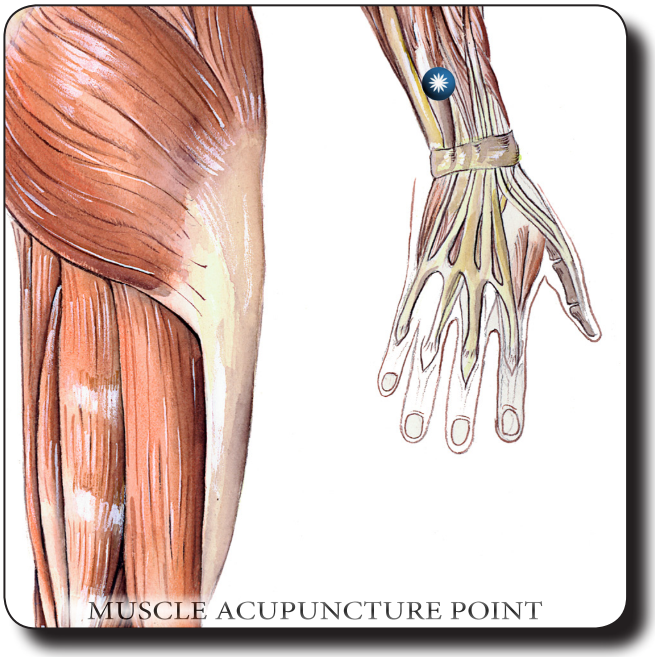


VOR II



MUSCLE ACUPUNCTURE POINT

Muscle 794: RECTUS FEMORIS, (Reflected Head)

ORIGIN: Groove on upper brim of acetabulum.

INSERTION: Attach with fibers of the straight head into base of patella.

ACTION: Extend the knee. Flexion and internal rotation of the femur.

TEST:

Patient: Supine, straight leg; flex ipsilateral hip 30° and internally rotate femur 45° (toe in).

Doctor: Brace contralateral ankle; contact above ipsilateral ankle to extend hip through sagittal plane (press straight down).

NEUROVASCULAR: (Ant/BL) Frontal bone - lateral to center of eye at hairline.

NEUROLYMPHATIC: (Post/R) 8th ICS, paraspinal near vertebral border of scapula.

VISCERAL ORGAN:

I. *Thyroid:* (Ant/R)10 o'clock on umbilicus.

II. *Liver:* (Ant/R) 8th rib costocartilage at Lv14.

M. A. P. : Tw7

V.L. : T4R

L. B. V.L. : T7R

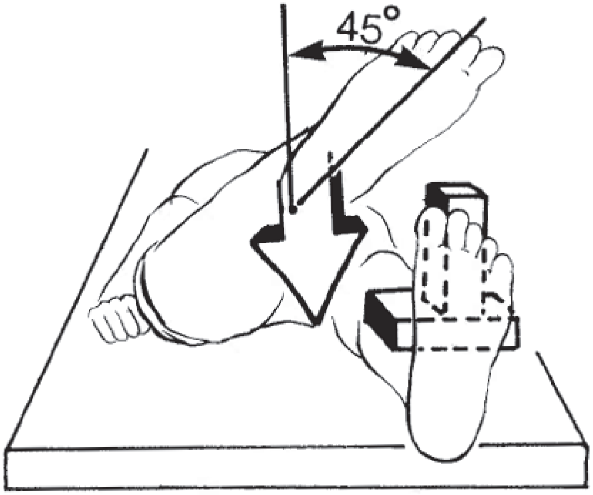
M. M. : L3

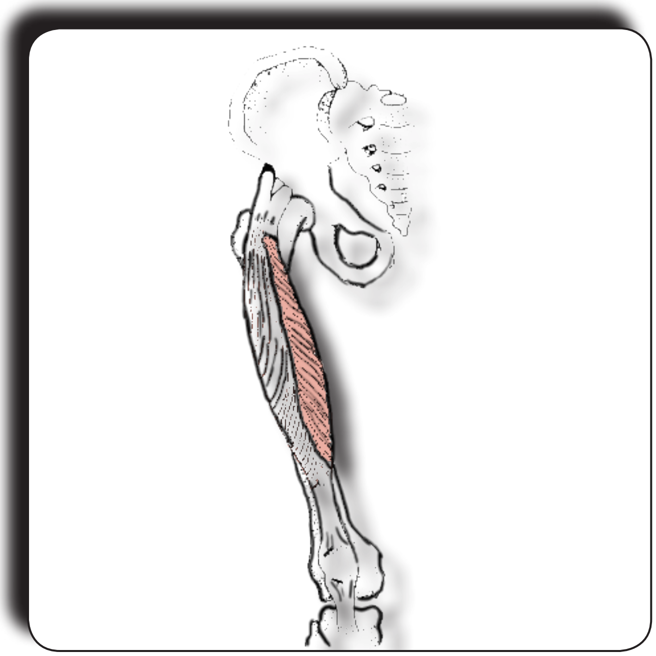
CRANIAL: Rotational Rocker (occiput)

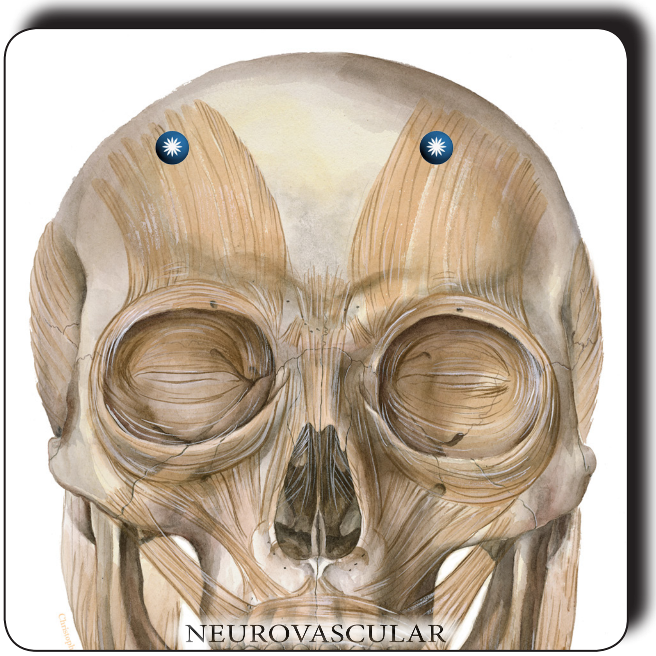
FOOT: In Research

NUTRIENT SOURCE: Calcium

1. Core Level Calcium (NW)



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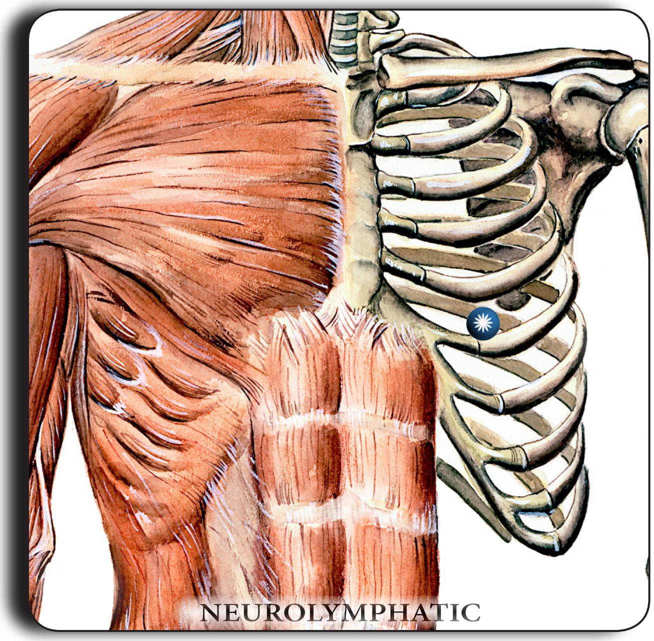
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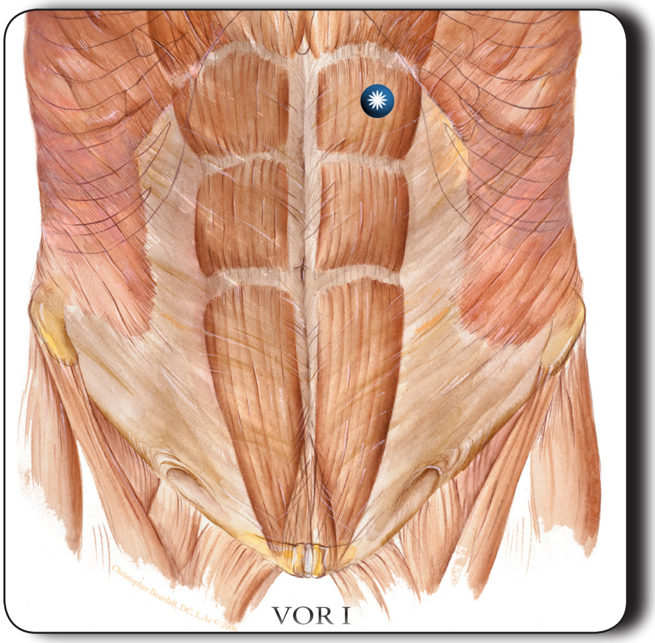
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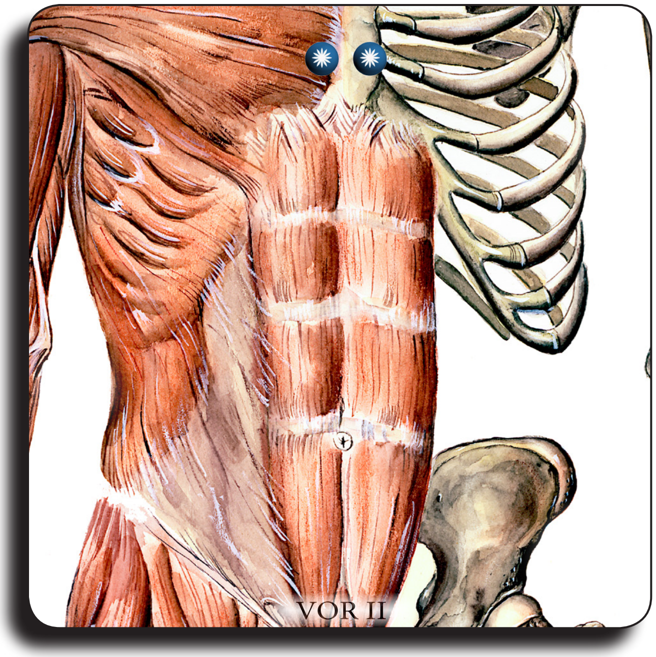
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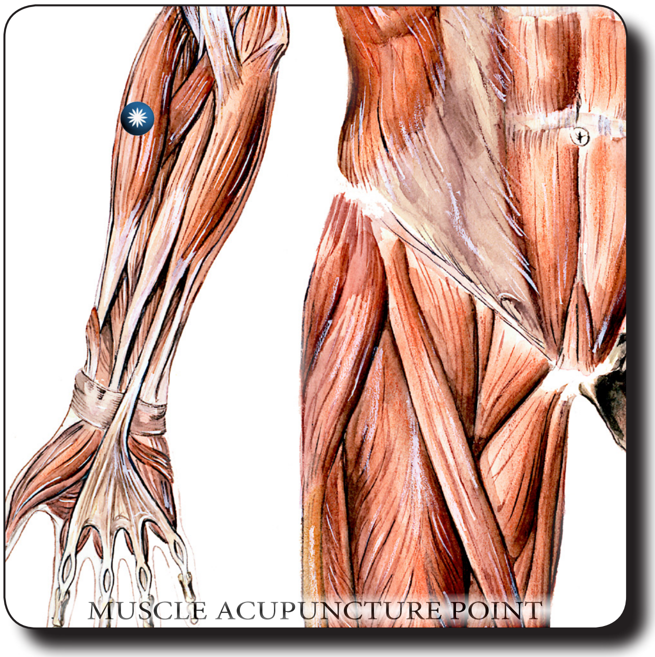

MUSCLE ACUPUNCTURE POINT

Muscle 796: RECTUS FEMORIS, (Straight Head)

ORIGIN: Anterior inferior iliac spine.

INSERTION: Base of patella.

ACTION: Extends the knee. Flexion of the femur.

TEST:

Patient: Supine, straight leg; flex ipsilateral hip 30° with neutral rotation of femur (toe up).

Doctor: Brace contralateral ankle; contact above ipsilateral ankle to extend hip through sagittal plane (press straight down).

NEUROVASCULAR: Frontal bone medial to center of eye at hairline.

NEUROLYMPHATIC: (Ant/L) 6th ICS at nipple line.

VISCERAL ORGAN:

I. Jejunum: (Ant/L) Middle of belly 3rd section Rectus abdominis on left.

II. Ileum lymphatics: (Ant/BL) Sternum level of 5th rib and lateral to midline.

M. A. P. : Lu5.5

V.L. : T3L

L. B. V.L. : T8L

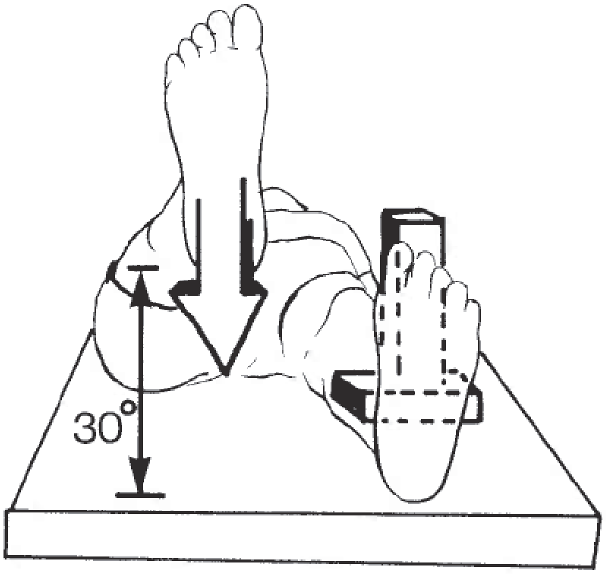
M. M. : L4

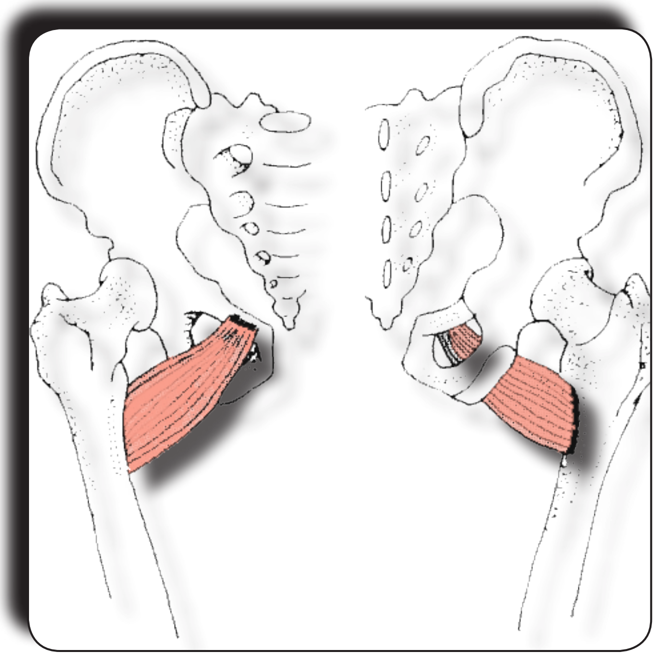
CRANIAL: Inferior conchae

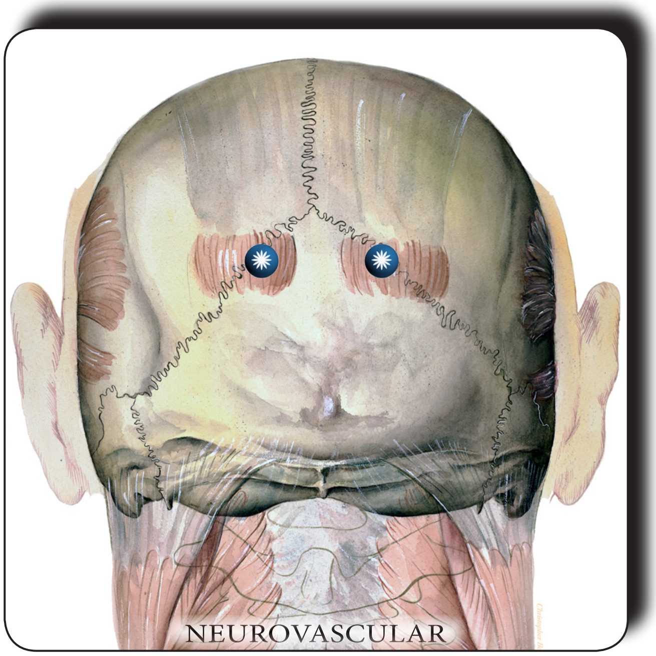
FOOT: 4th distal phalanx

NUTRIENT SOURCE: Niacin

1. Core Level B-6 (NW)
2. Niacin B6 (NW)







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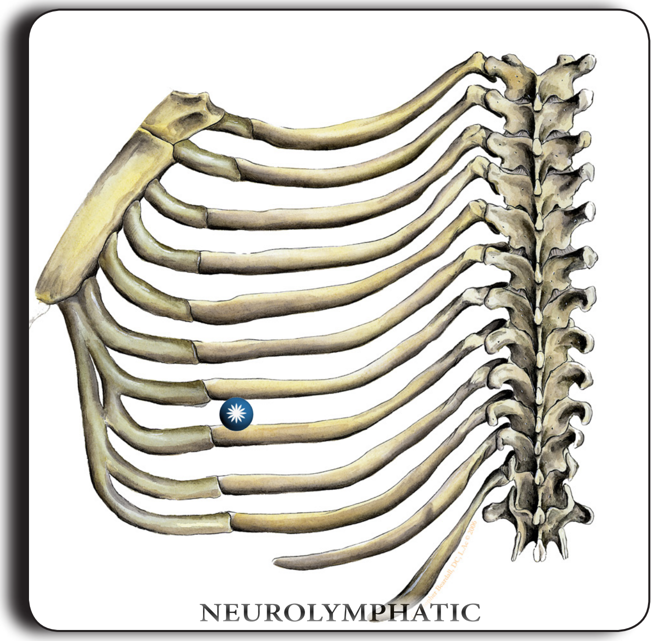

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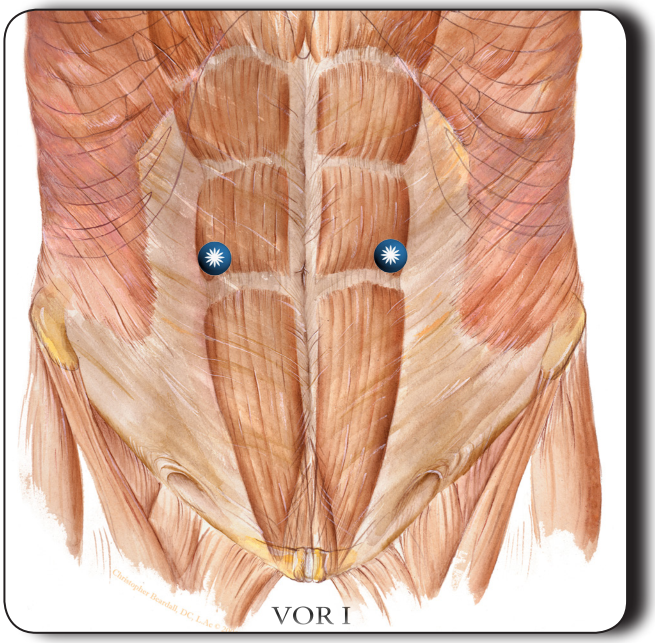
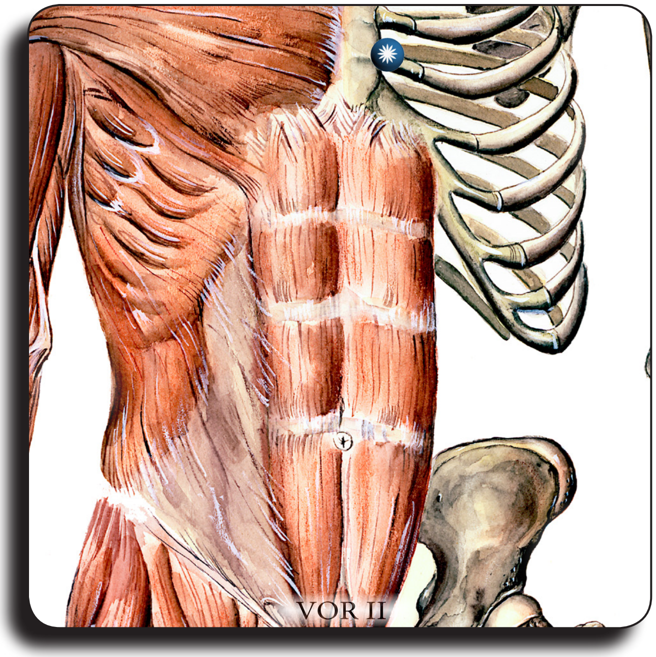


VOR I



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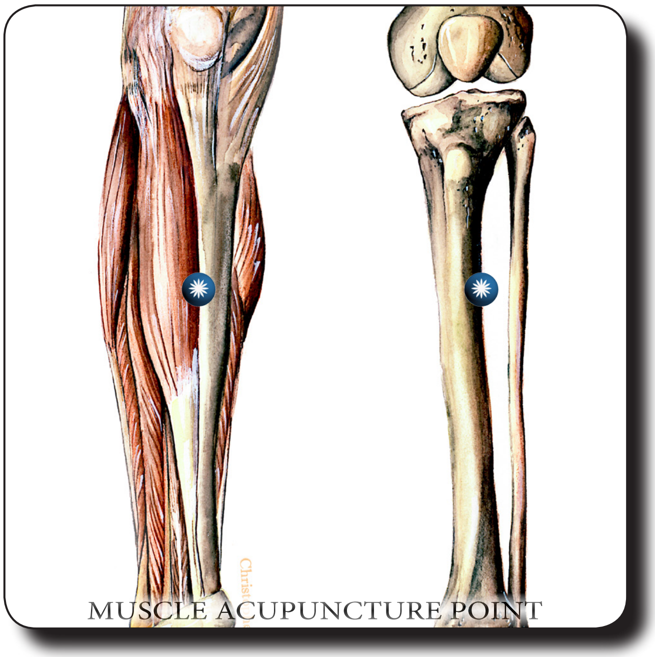


MUSCLE ACUPUNCTURE POINT

Muscle 798: PECTINEUS

ORIGIN: Superior distal surfaces of superior ramus of pubes between iliopectineal eminence and pubic tubercle.

INSERTION: Medial posterior surface of femur, proximal portion of line extending from lesser trochanter to linea aspera.

ACTION: Flexion, slightly adduct, externally rotate femur.

TEST:

Patient: Supine, straight leg; flex ipsilateral hip 20° with full external rotation of femur (toe out).

Doctor: Brace contralateral ASIS; contact ipsilateral medial malleolus of ankle to extend thigh through sagittal plane.

NEUROVASCULAR: (Post/BL) Lambdoidal suture 1/4 of distance from posterior fontanel to asterion.

NEUROLYMPHATIC: (Lat/L) 7th ICS, humeral area.

VISCERAL ORGAN:

I. *Transverse colon:* (Ant/BL) Lateral border of 2nd section Rectus abdominis near its origin.

II. *Pancreas duct system:* (Ant/L) 5th costosternal junction.

M. A. P. : St37.5

V.L. : L4R

L. B. V.L. : C2R

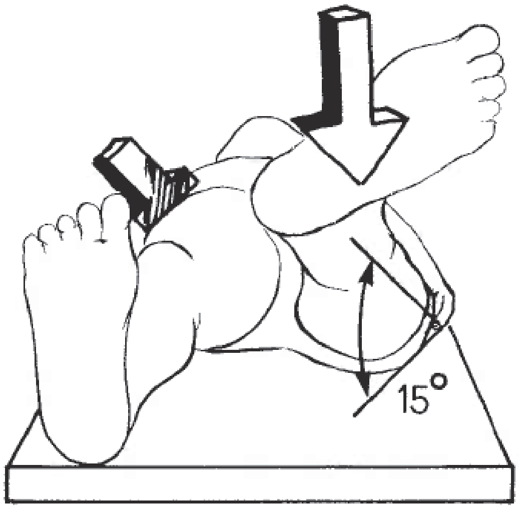
M. M. : L3

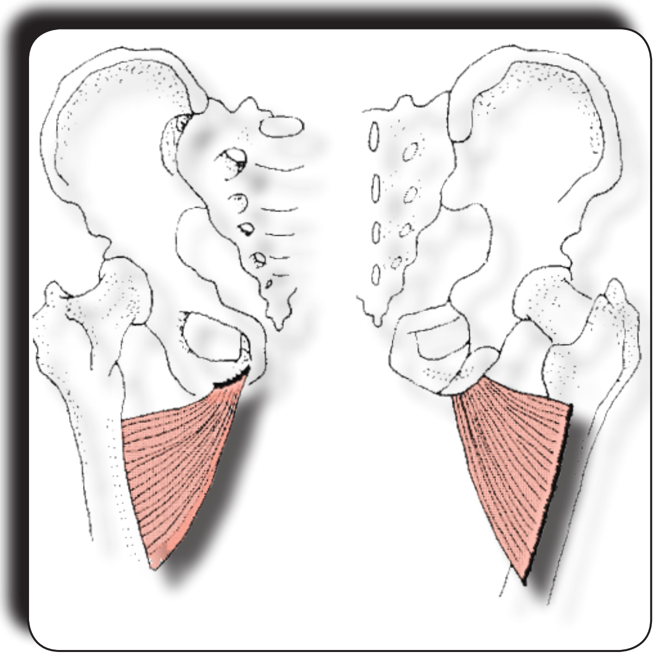
CRANIAL: Maxillary A-P

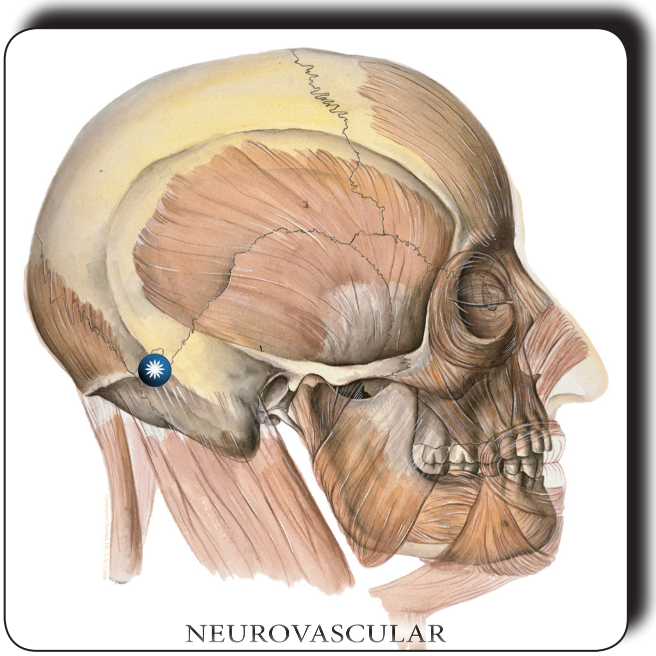
FOOT: 3rd metatarsal

NUTRIENT SOURCE: Magnesium

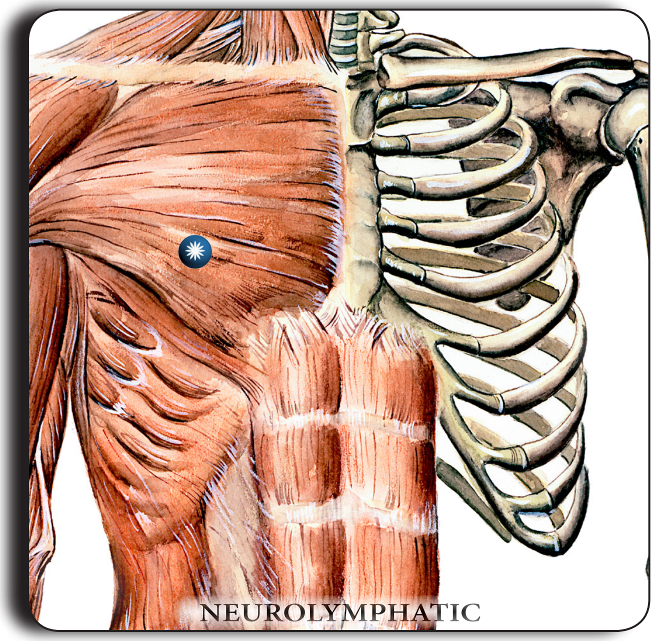
1. Core Level Magnesium (NW)
2. Core Level B-6 (NW)







NEUROVASCULAR



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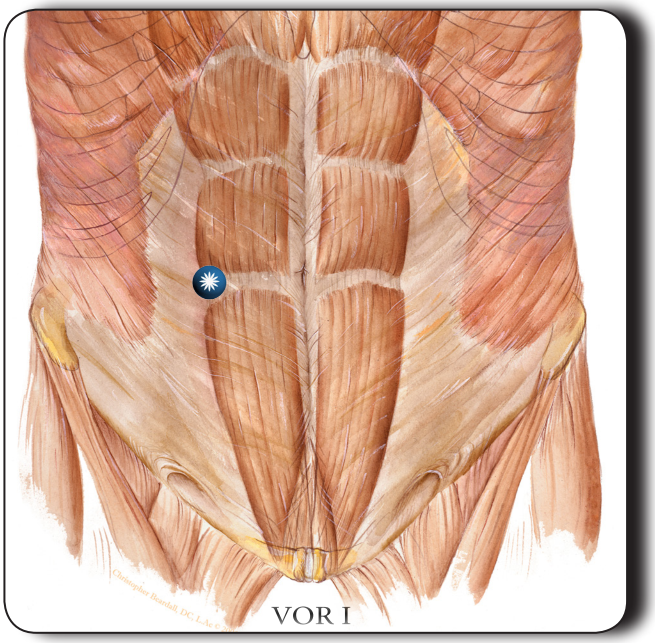
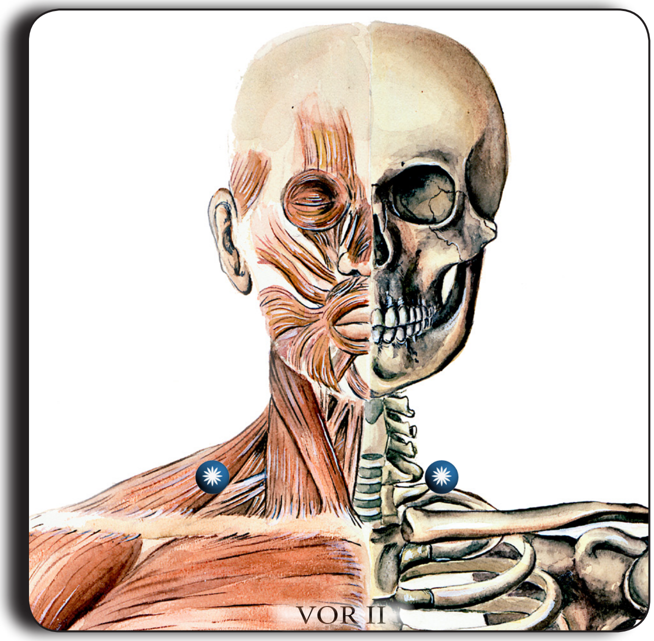

Christopher Beardall, DC, L.Ac©

VOR I



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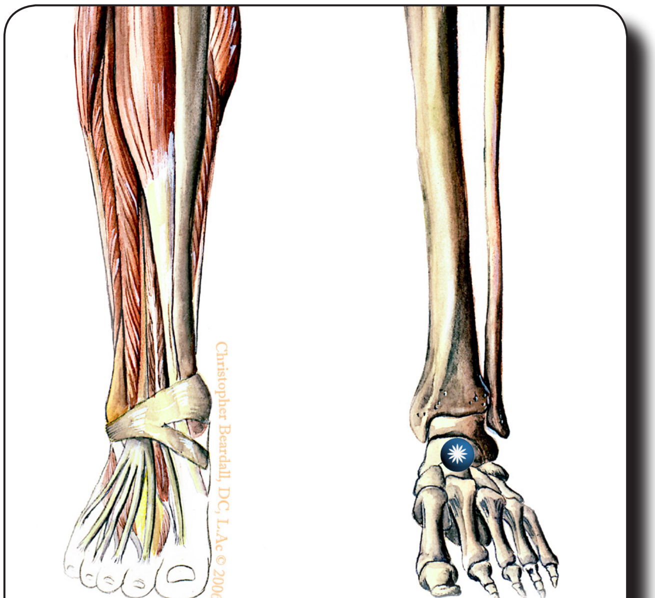
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MUSCLE ACUPUNCTURE POINT

Muscle 800: ADDUCTOR BREVIS, (Right)

ORIGIN: Outer surface of inferior ramus of pubes.

INSERTION: Medial posterior surface of femur along a line from lesser trochanter to linea aspera (approx. upper 1/3 of femur).

ACTION: Flexion, adduction, and internal rotation of the femur.

TEST:

Patient: Supine, straight leg; flex ipsilateral thigh 20°, internally rotate and adduct femur (knees crossed, toe in).

Doctor: Brace contralateral ankle; contact ipsilateral ankle to abduct thigh.

NEUROVASCULAR: (Lat) Asterion - junction of squamosal, lambdoidal, and occipito-mastoid sutures

NEUROLYMPHATIC: (Ant/R) 4th ICS below nipple.

VISCERAL ORGAN:

I. Ampulla of Vater: (Ant/R) lateral border of junction 1st and 2nd sections of Rectus abdominis.

II. Right Eye: (Ant/BL) Belly of Scalenus posterior muscle at level of C6 on right.

M. A. P. : St41

V.L. : T10L

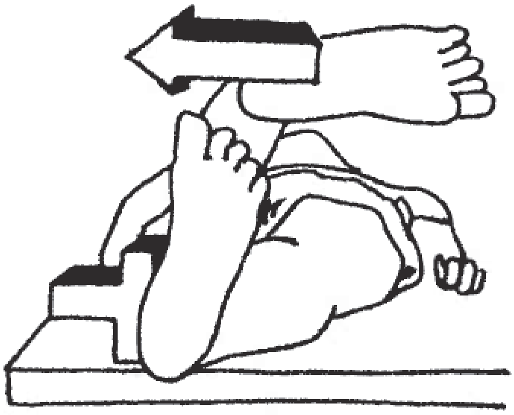
L. B. V.L. : T1L

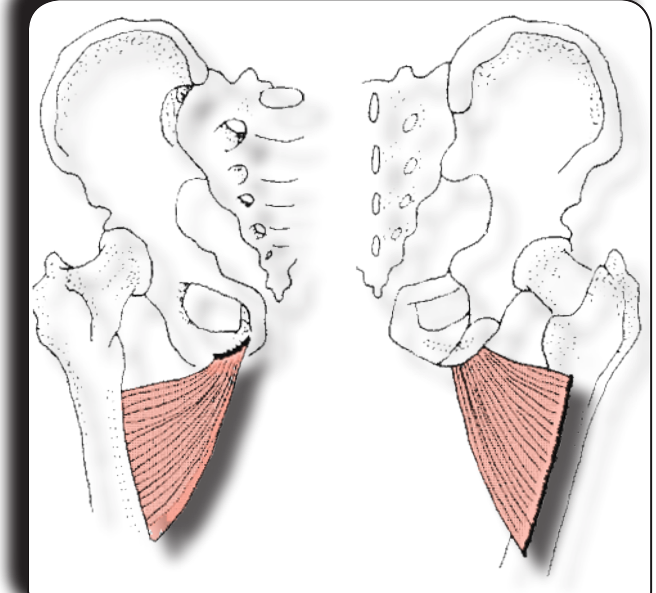
M. M. : L4

CRANIAL: Ethmoid (R)

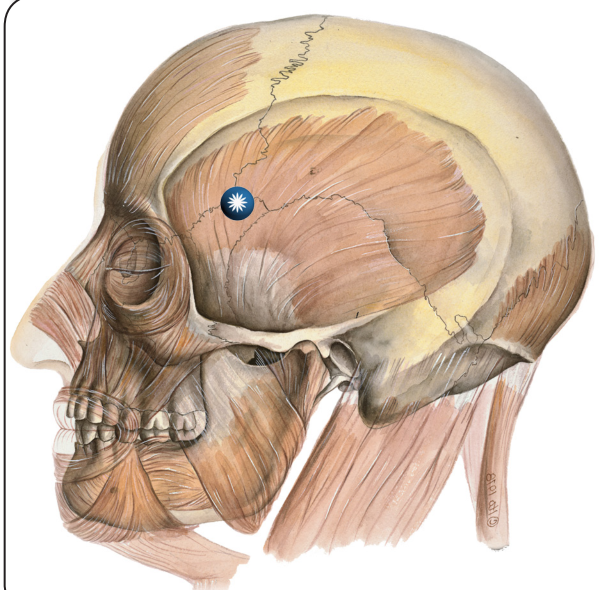
FOOT: 1st cuneiform

NUTRIENT SOURCE: Health Reserve
1. Core Health Reserve (NW)
2. Mistletoe/Gold

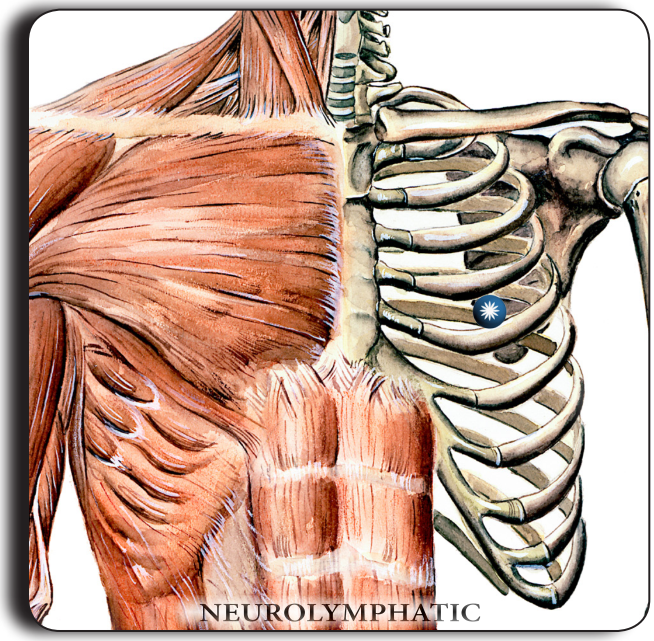




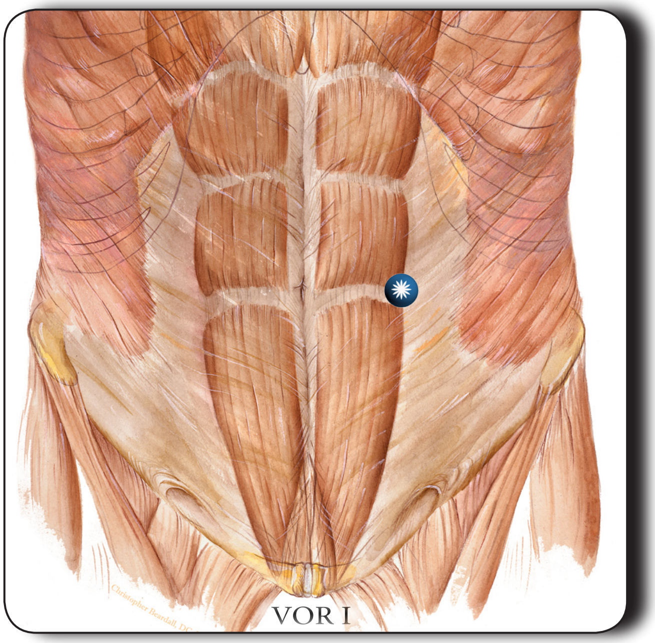
ADDUCTOR BREVIS



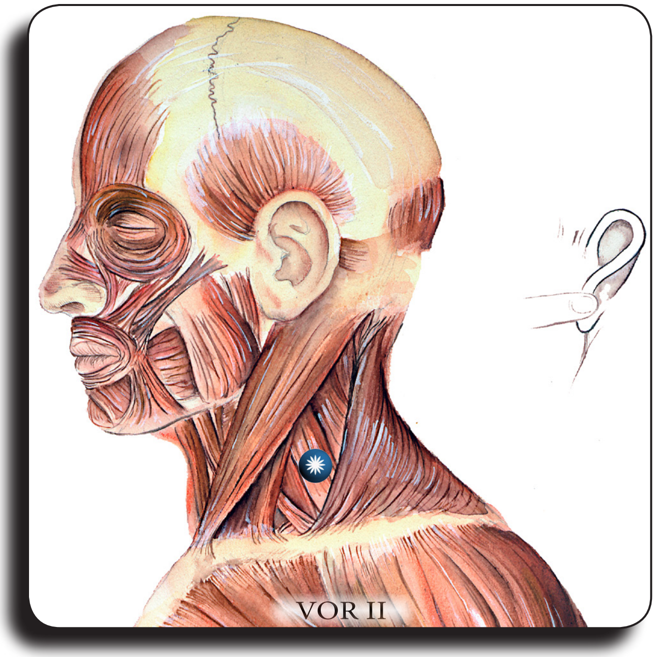
NEUROVASCULAR



NEUROLYMPHATIC


Christopher Beardall, DC

VOR I



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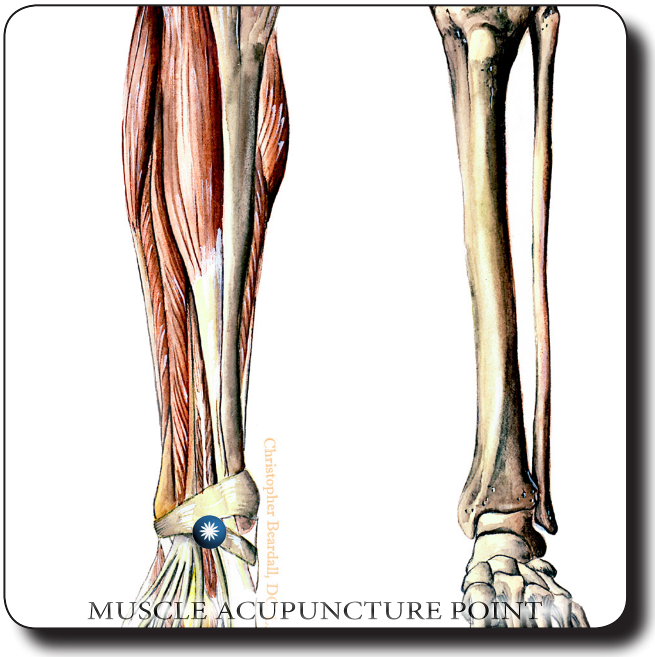

Christopher Beardall, DC

MUSCLE ACUPUNCTURE POINT

Muscle 800: ADDUCTOR BREVIS, (Left)

ORIGIN: Outer surface of inferior ramus of pubes.

INSERTION: Into femur along line extending from lesser trochanter to linea aspera (approx. upper 1/3 of femur).

ACTION: Flexion, adduction, and internal rotation of the femur.

TEST:

Patient: Supine, straight leg; flex ipsilateral thigh 20°, internally rotate and adduct femur with knees crossed and toes in.

Doctor: Brace contralateral ankle; contact ipsilateral ankle to abduct thigh.

NEUROVASCULAR: Junction of coronal suture and sphenofrontal suture.

NEUROLYMPHATIC: (Ant/L) 4th ICS, below nipple

VISCERAL ORGAN:

I. Duodenum: (Ant/L) junction of 1st and 2nd sections of Rectus abdominis at lateral border.

II. Left Eye: (Lat/L) Belly of Scalenus posterior muscle at level of C6 on left.

M. A. P. : St41

V.L. : T4L

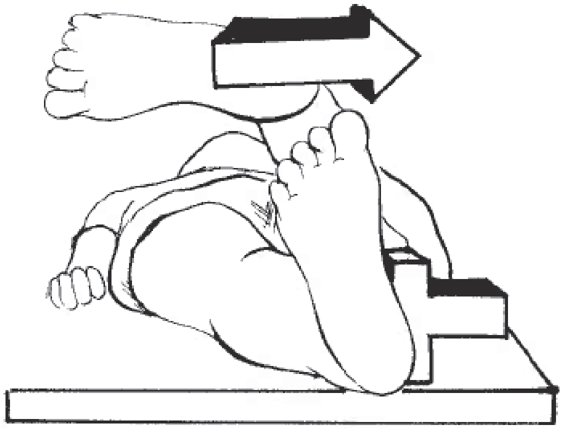
L. B. V.L. : T7L

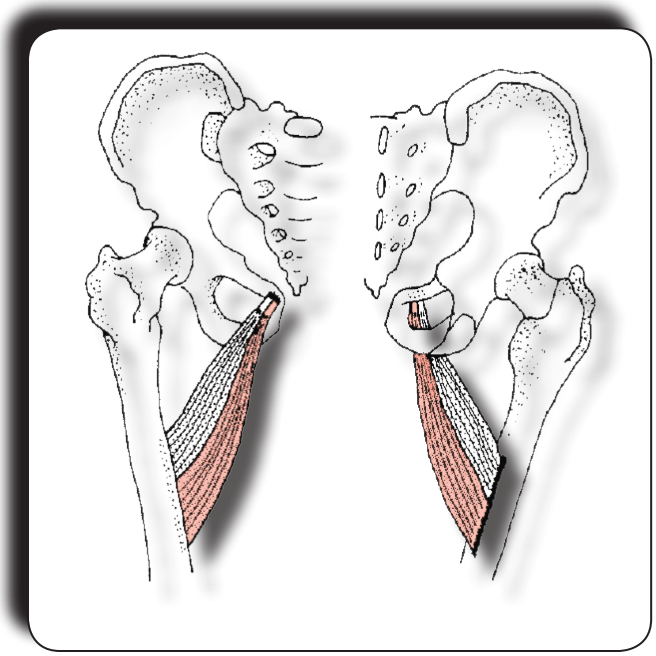
M. M. : L4

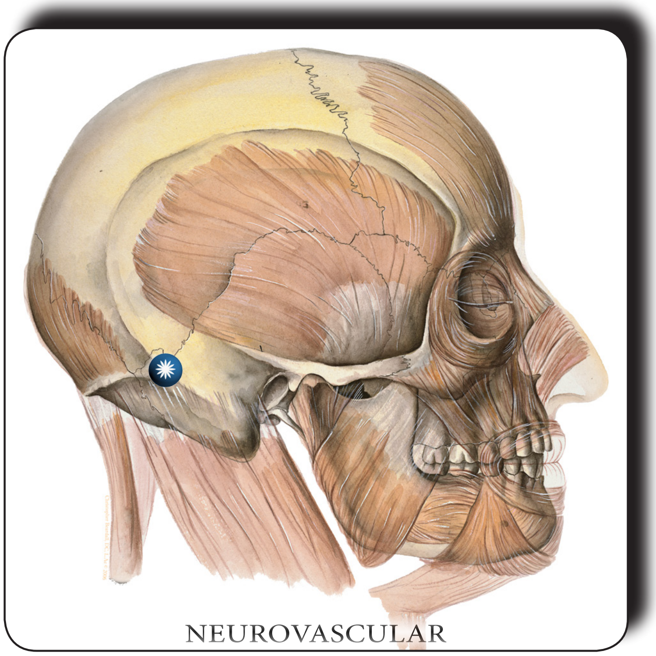
CRANIAL: Ethmoid (L)

FOOT: 1st cuneiform

NUTRIENT SOURCE: Health Reserve
1. Core Level Health Reserve (NW)
2. Mistletoe/Gold







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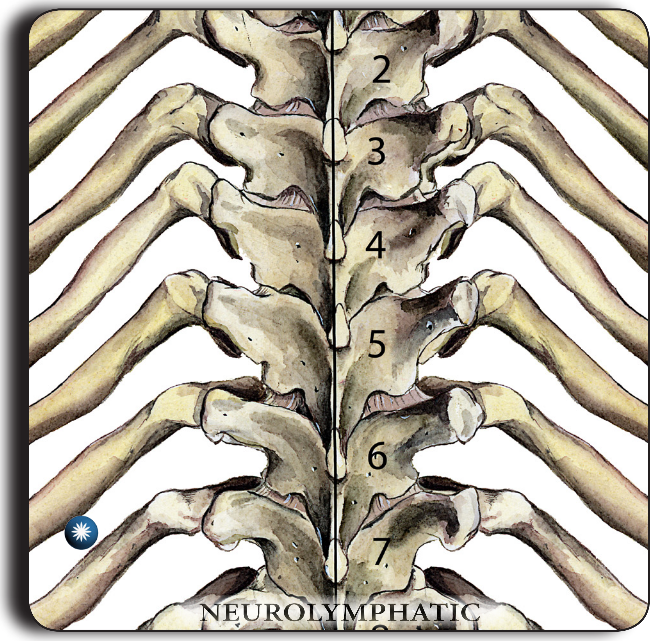

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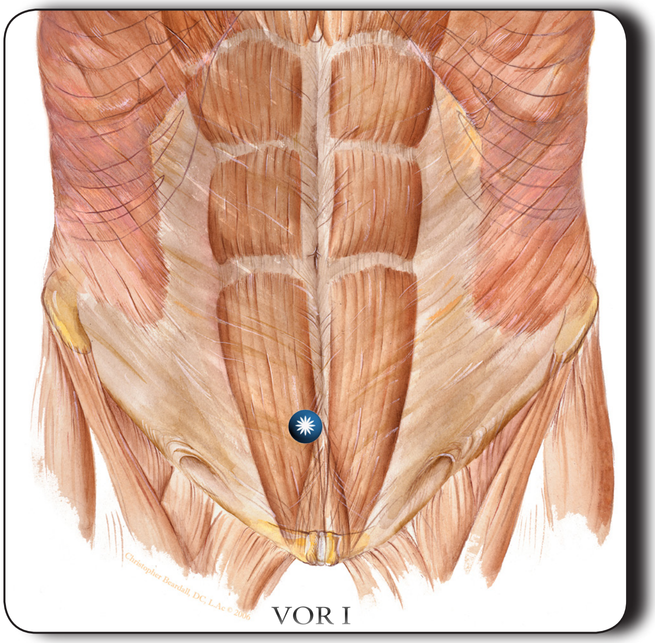
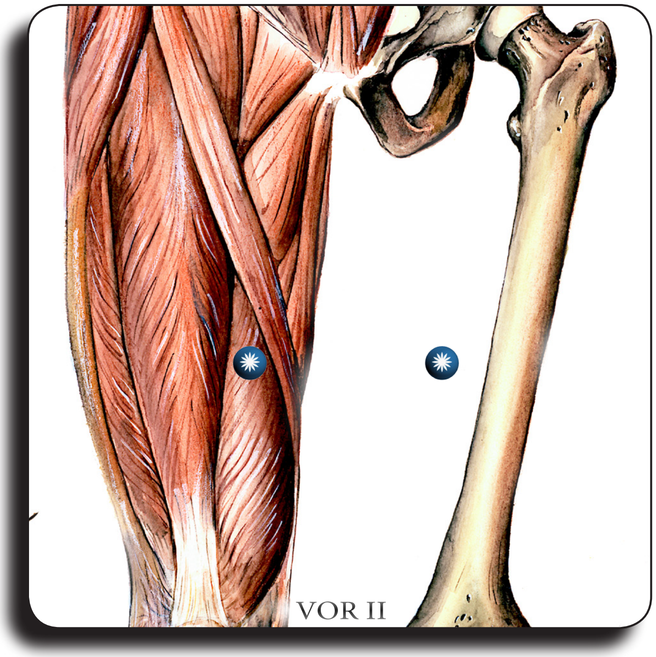


VOR I



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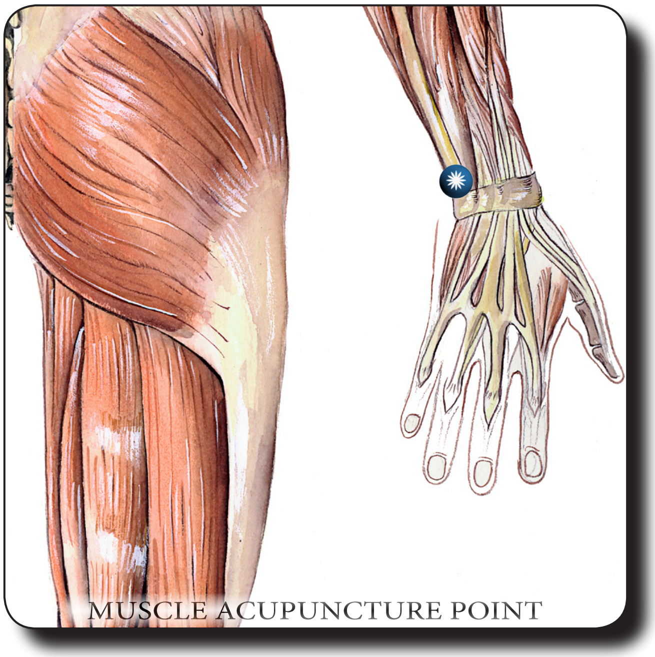


MUSCLE ACUPUNCTURE POINT

Muscle 804: ADDUCTOR LONGUS, (Inferior Division)

ORIGIN: Anterior aspect of pubes between crest and symphysis.

INSERTION: Middle 1/3 of medial lip of linea aspera of femur.

ACTION: Adduction and slight flexion of the femur.

TEST:

Patient: Supine, straight leg; adduct thighs 5° ipsilaterally, keep heels together and elevate legs 1-2".

Doctor: Brace contralateral tibia; contact medial side of ipsilateral tibia to abduct thigh.

NEUROVASCULAR: (Lat) Squamosal suture just anterior to asterion.

NEUROLYMPHATIC: (Post/L) 6th ICS, at medial border of scapula.

VISCERAL ORGAN:

I. *Ileum:* (Ant/R) 1st section Rectus abdominis medial border, 3/4 of distance from pubes.

II. *Penis/Vagina:* (Ant/BL) Sp10.75 medial aspect of thigh in belly Vastus intermedius, muscle medial division.

M. A. P. : Si6

V.L. : T7L

L. B. V.L. : T4L

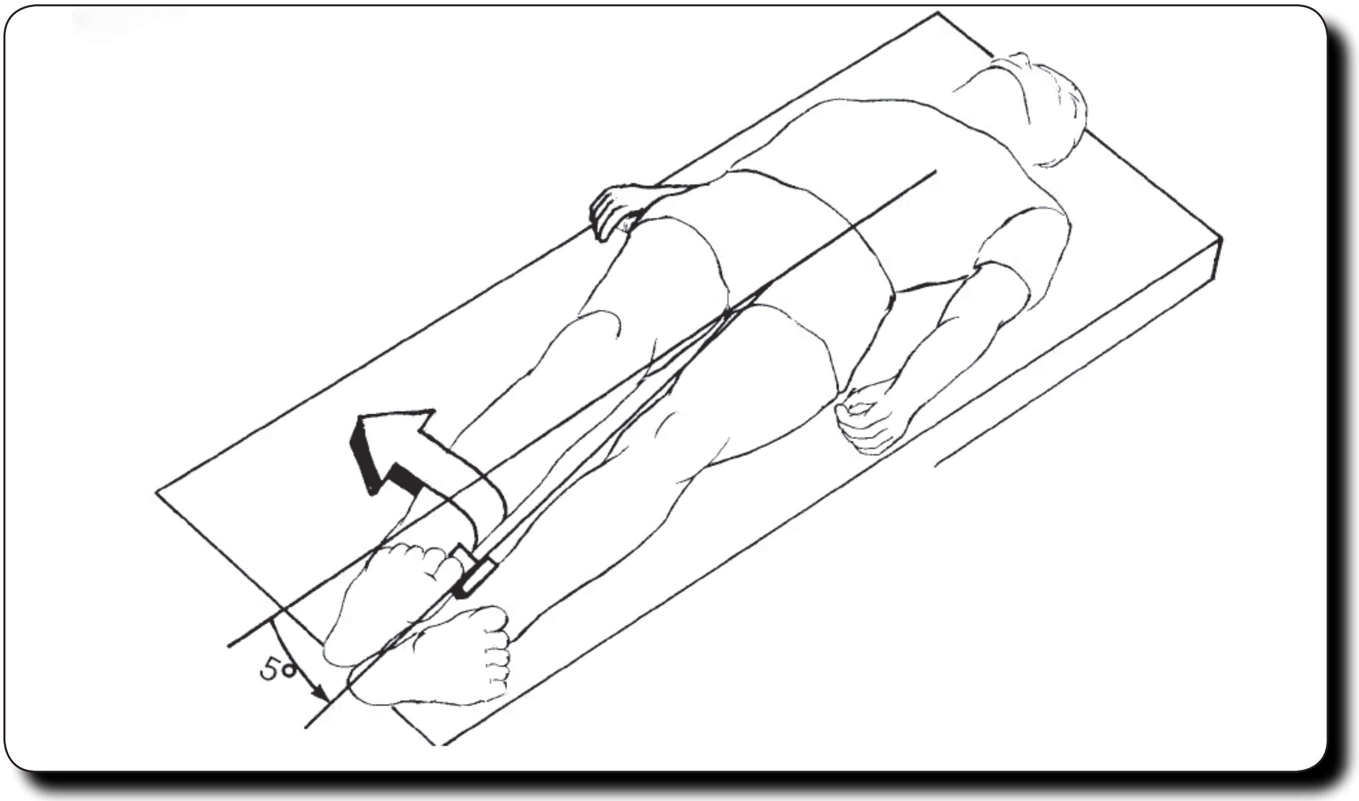
M. M. : L3

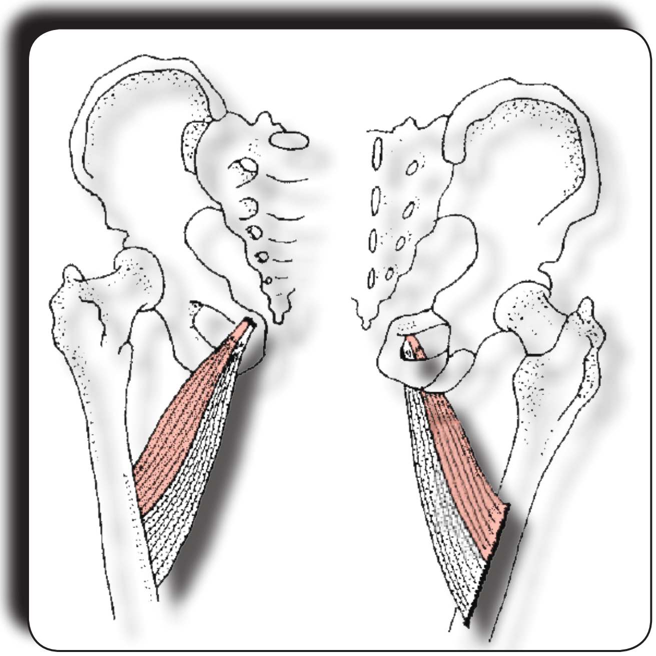
CRANIAL: Internal temporal

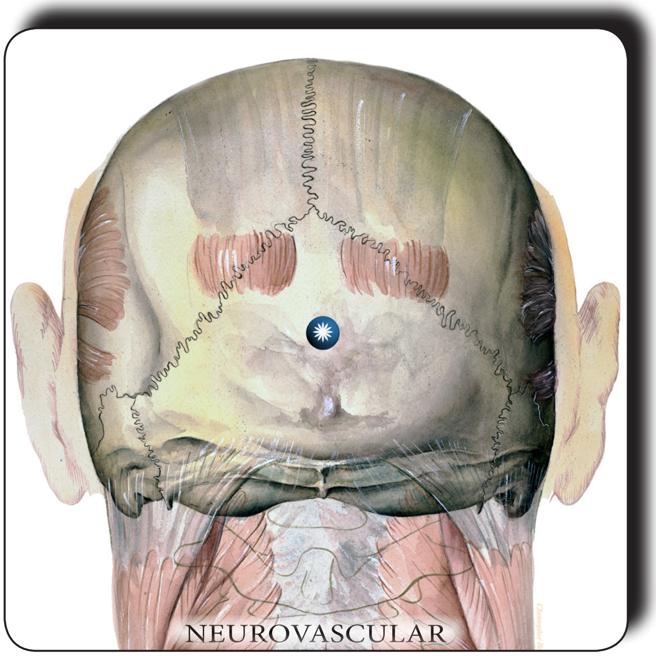
FOOT: Cuboid

NUTRIENT SOURCE: Amino Acid

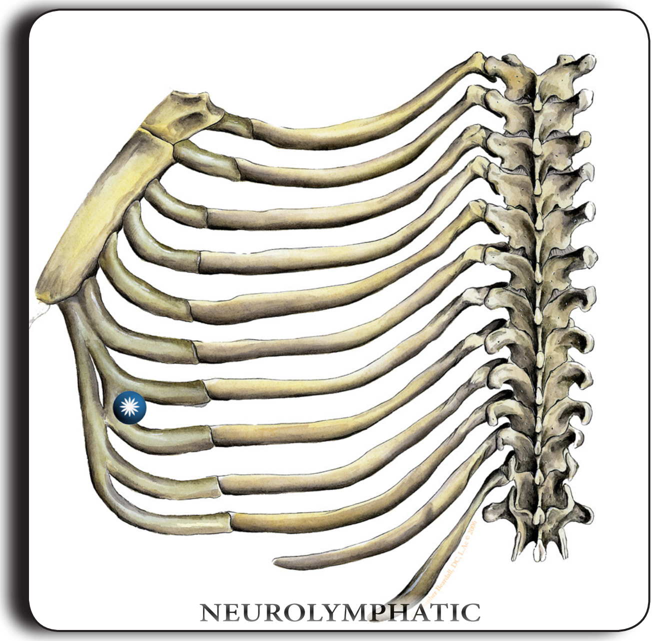
1. Amino All (NW)







NEUROVASCULAR



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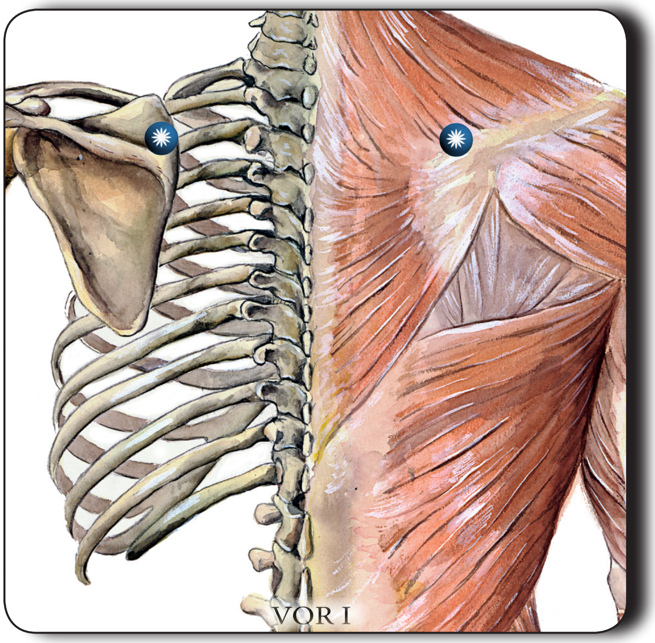
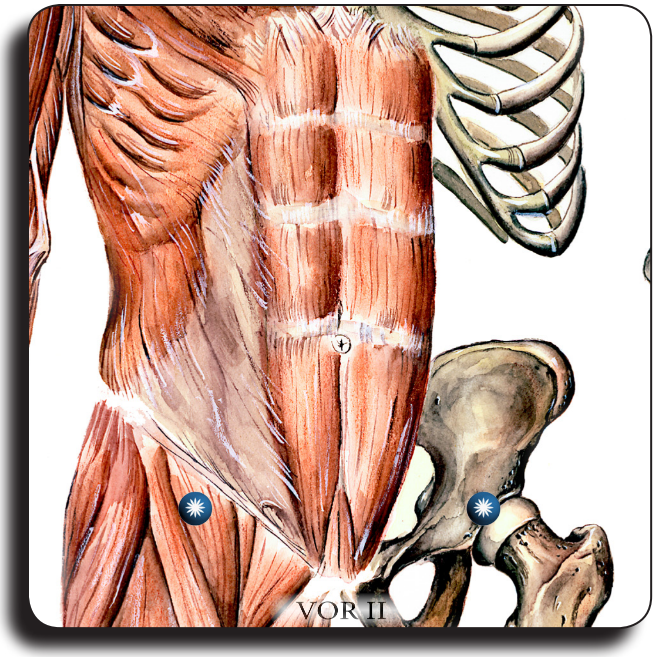


VOR I



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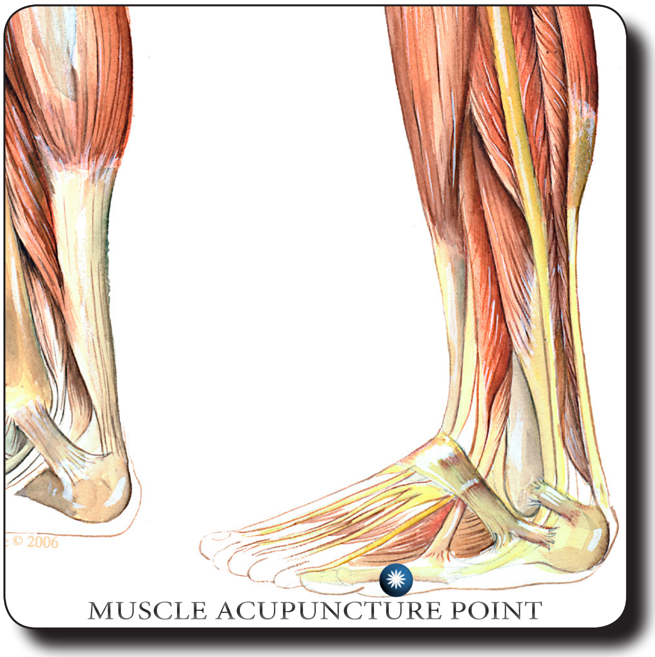


MUSCLE ACUPUNCTURE POINT

Muscle 806: ADDUCTOR LONGUS, (Superior Division)

ORIGIN: Anterior portions of pubes.

INSERTION: Linea aspera at upper portions of attachment with Vastus medialis, middle division.

ACTION: Adduction, flexion, and external rotation of the femur.

TEST:

Patient: Supine, straight leg; adduct thighs 5° ipsilaterally, keep heels together, elevate heels 1-2" and externally rotate ipsilateral femur (toe out).

Doctor: Brace contralateral tibia; contact under distal ipsilateral tibia to abduct thigh (keep thigh slightly flexed).

NEUROVASCULAR: (Post/Midline) Halfway between posterior fontanel and E.O. P. on midsagittal line.

NEUROLYMPHATIC: (Lat/L) 7th ICS, humeral area.

VISCERAL ORGAN:

I. Liver: (Post/BL) Medial aspect of scapula at origin of supraspinatus fossa.

II. Testes/Ovaries: (Ant/BL) Inferior to midinguinal ligament on brim of acetabulum.

M. A. P. : B65

V.L. : T1L

L. B. V.L. : T10L

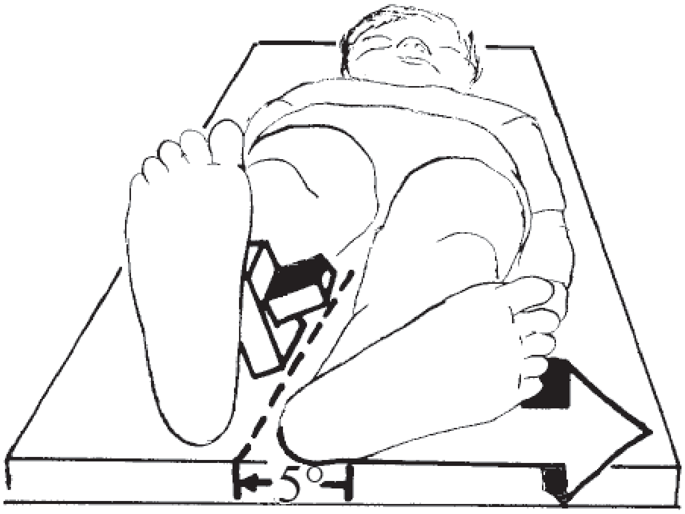
M. M. : L4

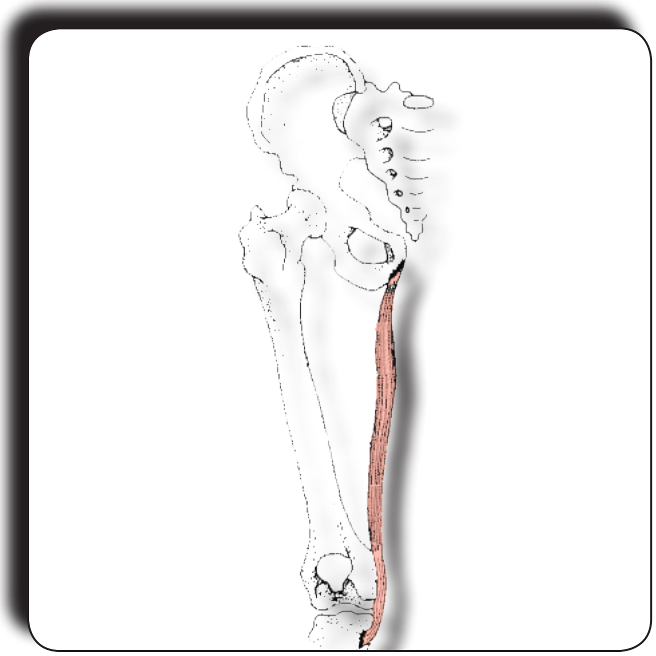
CRANIAL: Temporal bulge.

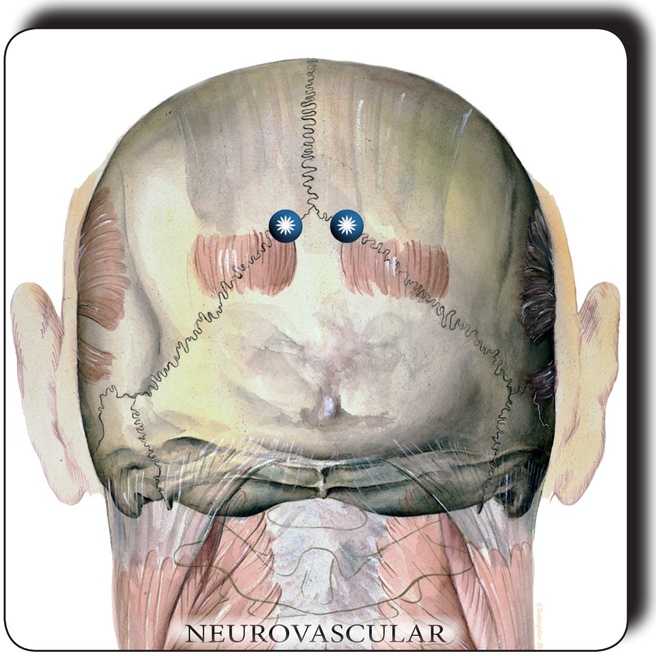
FOOT: Cuboid

NUTRIENT SOURCE: Choline

1. GH-Choline (NW)
2. Core Level Bile (NW)



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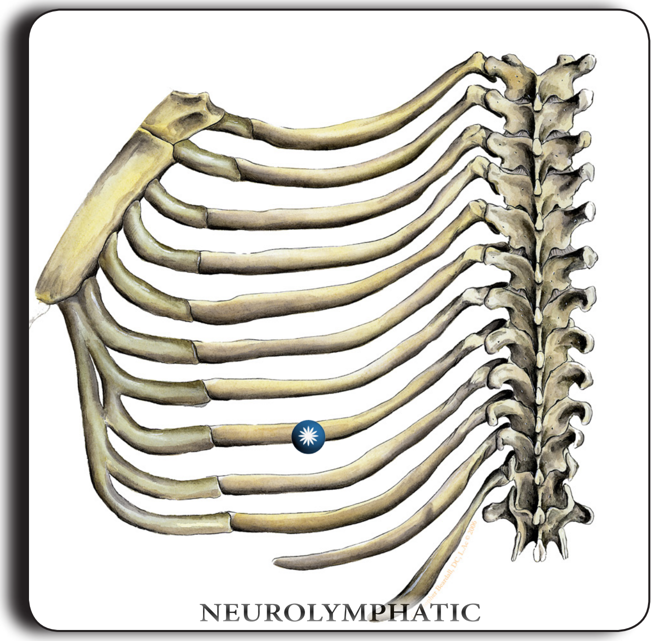
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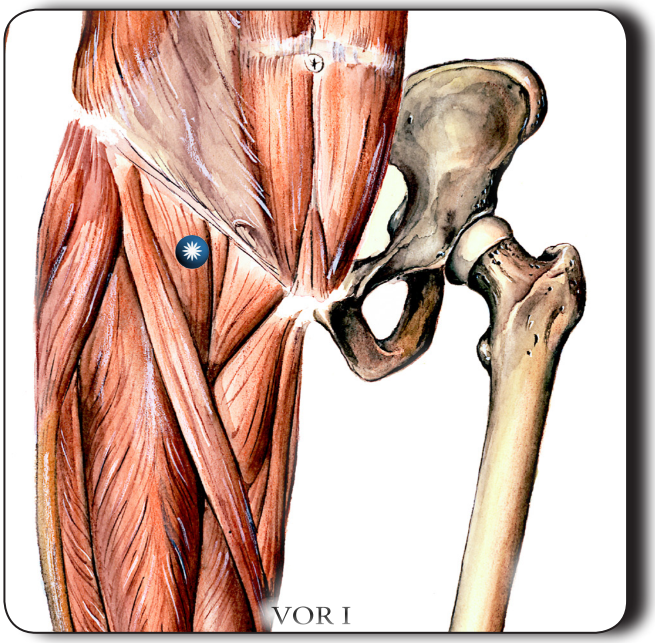
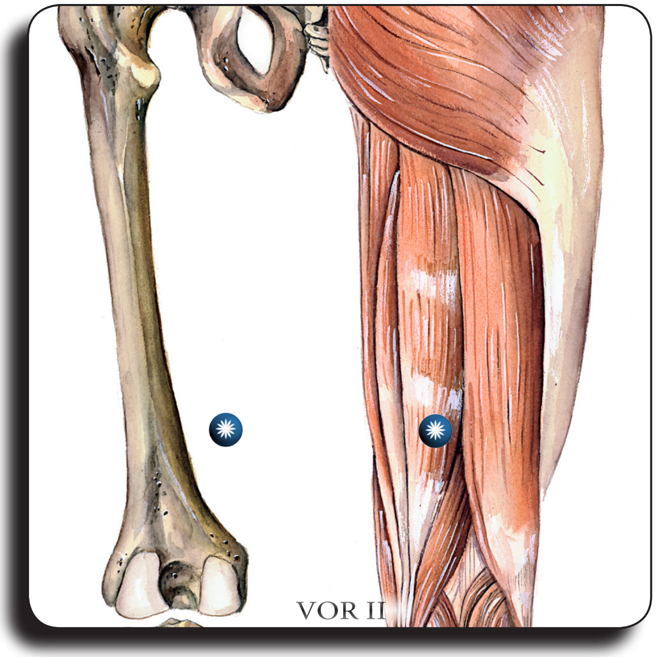

VOR I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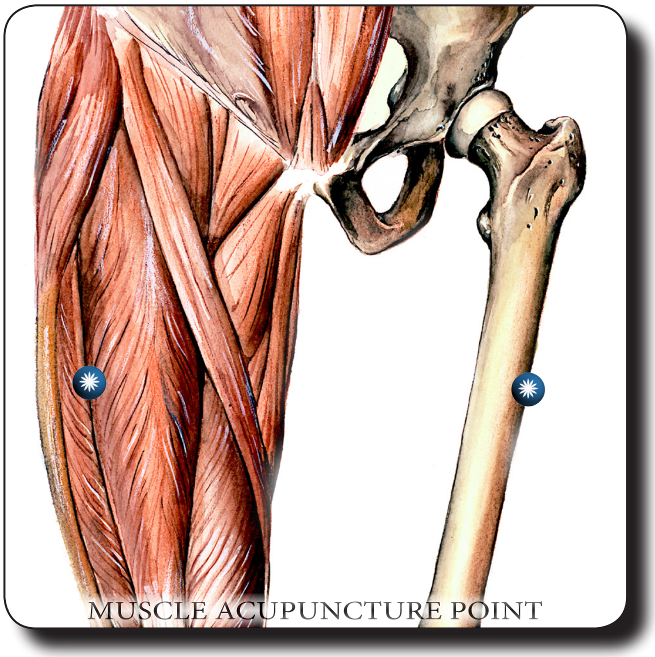

MUSCLE ACUPUNCTURE POINT

Muscle 808: GRACILIS

ORIGIN: Lower half of symphysis pubes and medial margin of inferior ramus of pubic arch.

INSERTION: Upper part of medial surface of tibia, distal to condyle.

ACTION: Adduct the femur while flexing and internally rotating the knee.

TEST:

Patient: Supine, straight leg; internally rotate ipsilateral femur to place instep to contralateral arch.

Doctor: Brace contralateral tibia; contact ipsilateral distal tibia to abduct thigh.

NEUROVASCULAR: (Post/BL) Lambdoidal suture just lateral to posterior fontanel.

NEUROLYMPHATIC: (Lat/L) 8th ICS, inferior to axillary border of scapula.

VISCERAL ORGAN:

I. Adrenals: (Ant/BL) Inferior to midpoint of inguinal ligament on brim of acetabulum.

II. Prostate/Uterus: (Post/BL) Belly of semimembranosus, 3-4” above knee, medial side.

M. A. P. : St31.75

V.L. : T2L

L. B. V.L. : T9L

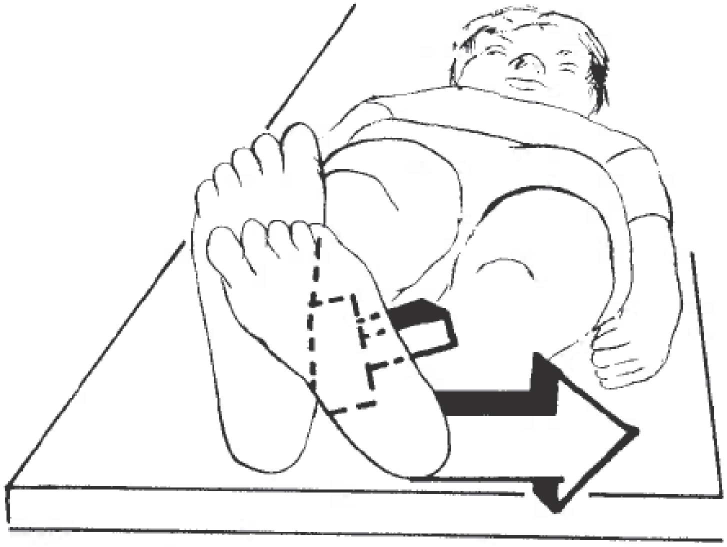
M. M. : L4

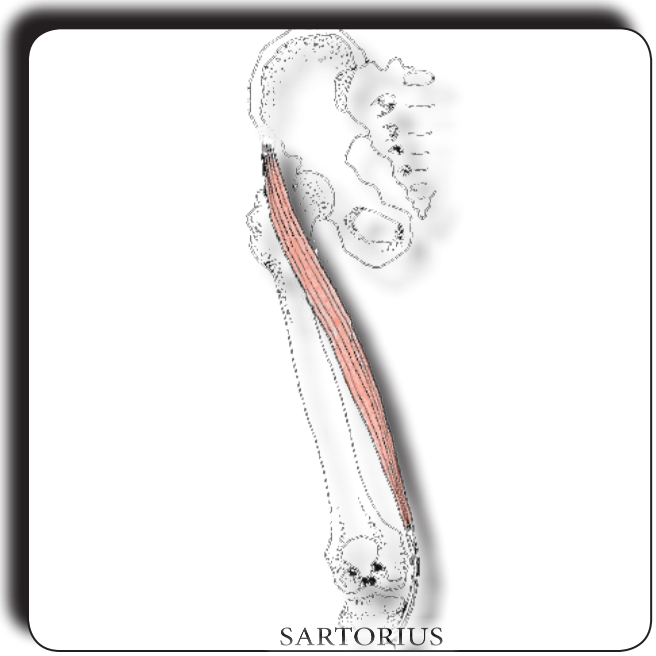
CRANIAL: Frontal

FOOT: Navicular

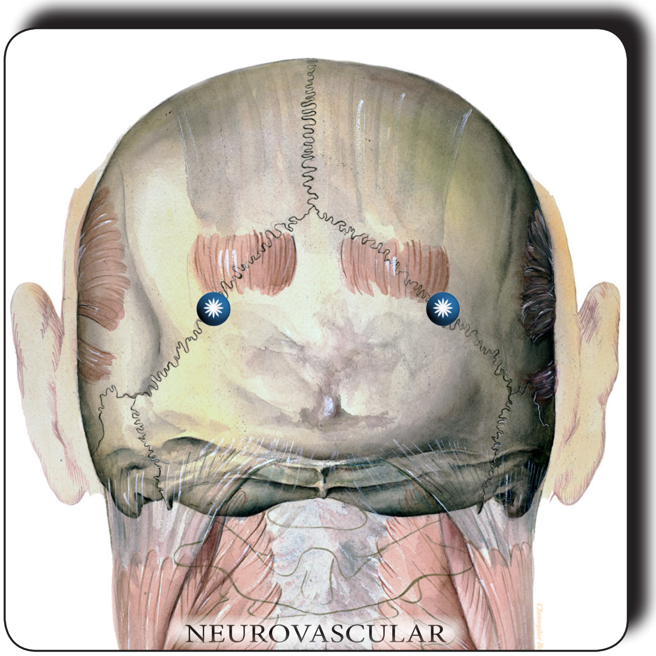
NUTRIENT SOURCE: Choline

1. GH-Choline (NW)
2. Core Level Bile (NW)





SARTORIUS



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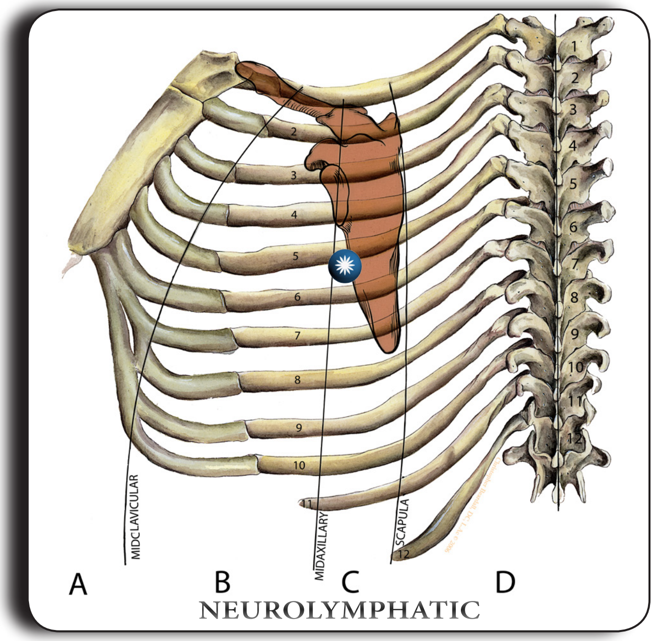
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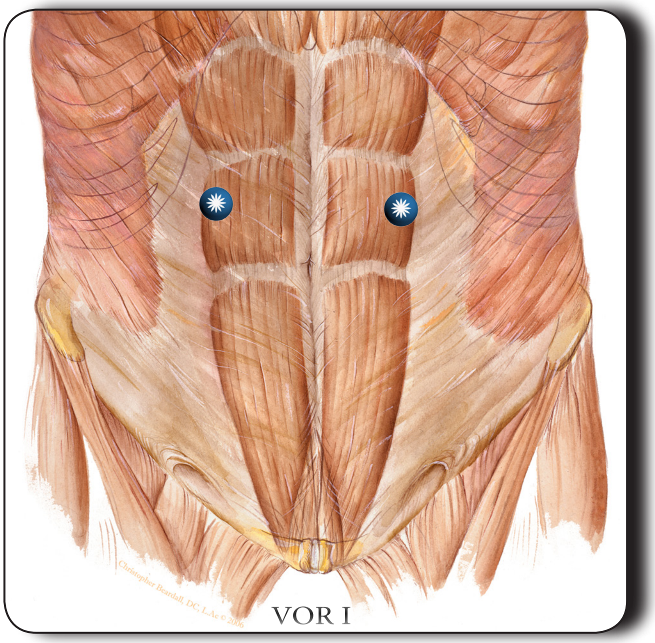
NEUROLYMPHATIC



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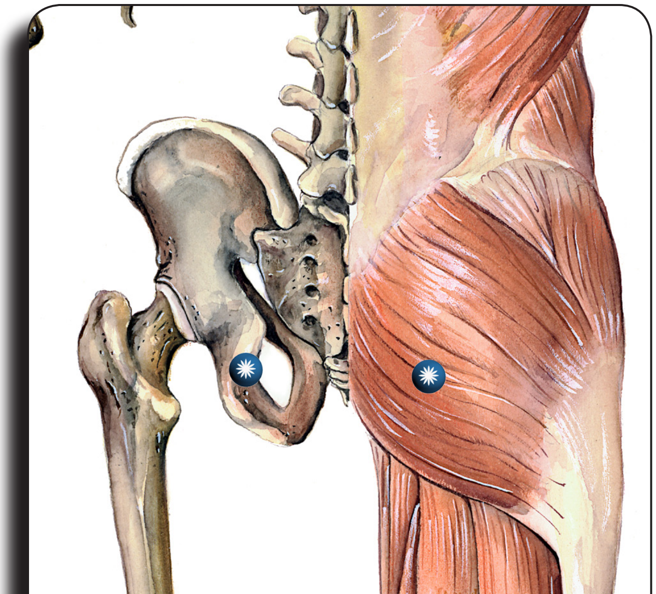

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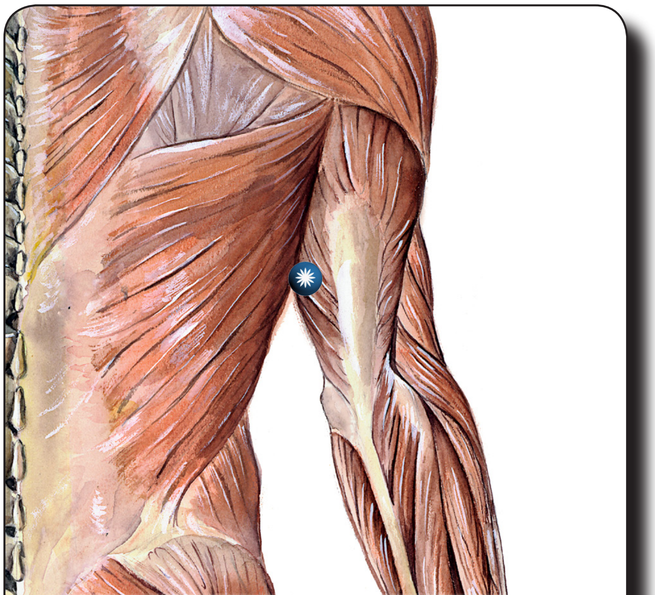


MUSCLE ACUPUNCTURE POINT

Muscle 810: SARTORIUS

ORIGIN: Anterior superior iliac spine and upper half of iliac notch.

INSERTION: Upper part of medial surface of tibia near tibial tubercle.

ACTION: Flexion and external rotation of the femur. Flexion and internal rotation of the knee.

TEST:

Patient: Supine, ipsilateral knee flexed 90°; flex, abduct and externally rotate ipsilateral thigh (to place in a figure "4" position).

Doctor: Brace ipsilateral knee; contact under distal ipsilateral fibula. Lift ankle to keep external rotation of femur, then extend knee through coronal plane.

NEUROVASCULAR: Lambdoidal suture just medial to midpoint.

NEUROLYMPHATIC: (Lat/L) 9th ICS, just posterior to midaxillary line.

VISCERAL ORGAN:

I. Adrenals: (Ant/BL) Up 2" and out 2" from umbilicus.*

II. Ileum - Lymphatics: (Post/BL) Belly of Gluteus maximus muscle,1-2" lateral to coccyx.

M. A. P. : Si8.6

V.L. : T10R

L. B. V.L. : T1R

M. M. : L3

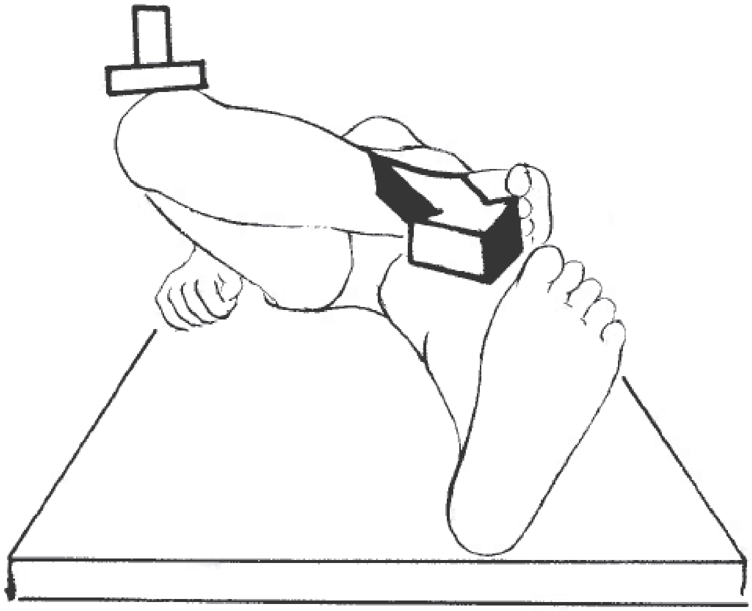
CRANIAL: Frontal

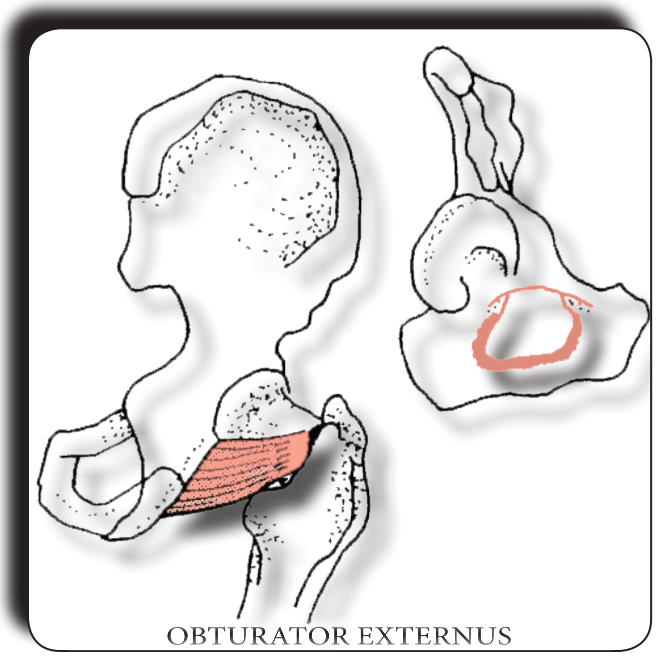
FOOT: Navicular

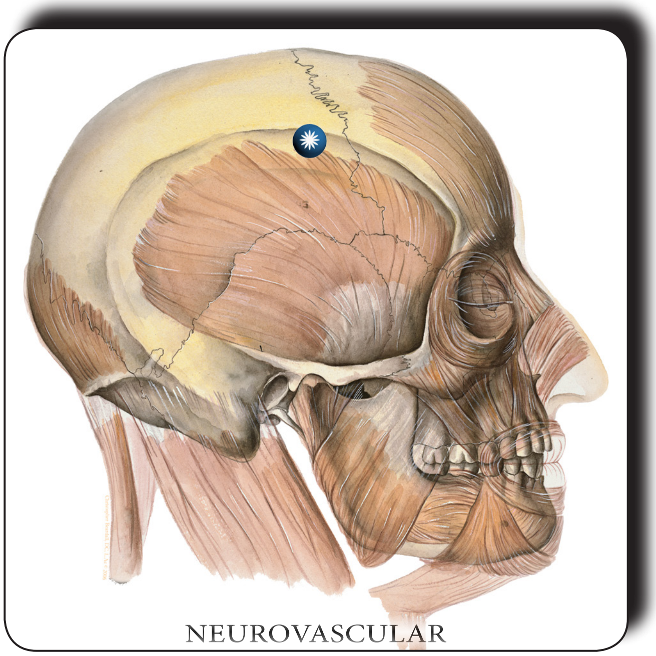
NUTRIENT SOURCE: Magnesium-Sodium

1. Core Level Thyro (NW)
2. Core Level Magnesium (NW)

* As described by g. Goodheart, D.C.




OBTURATOR EXTERNUS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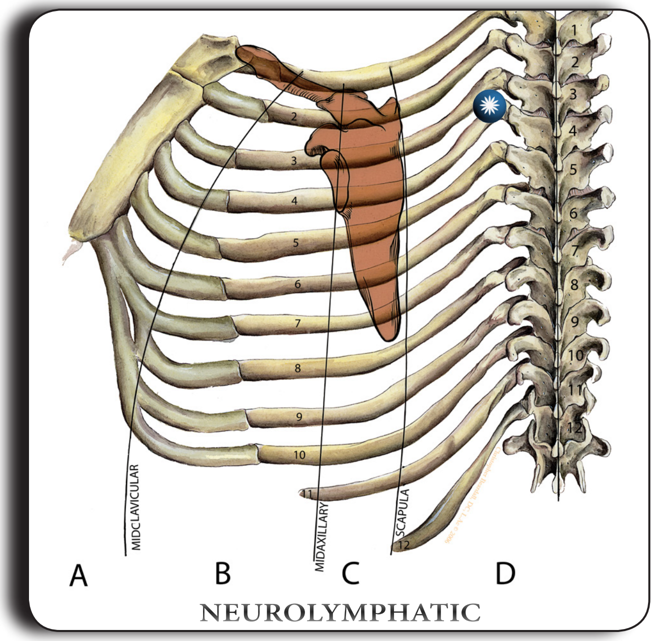
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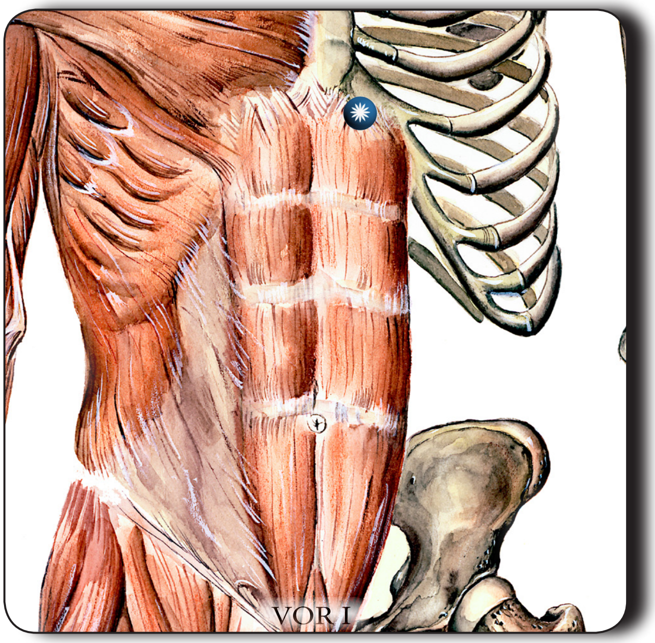
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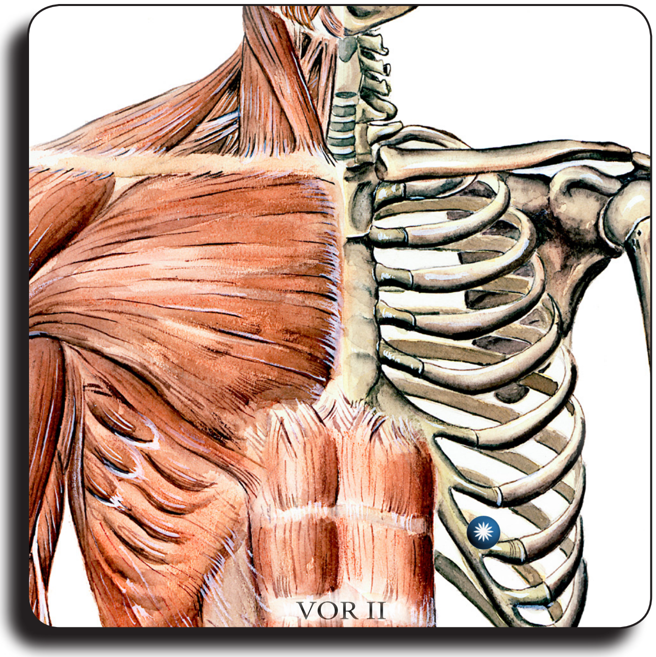
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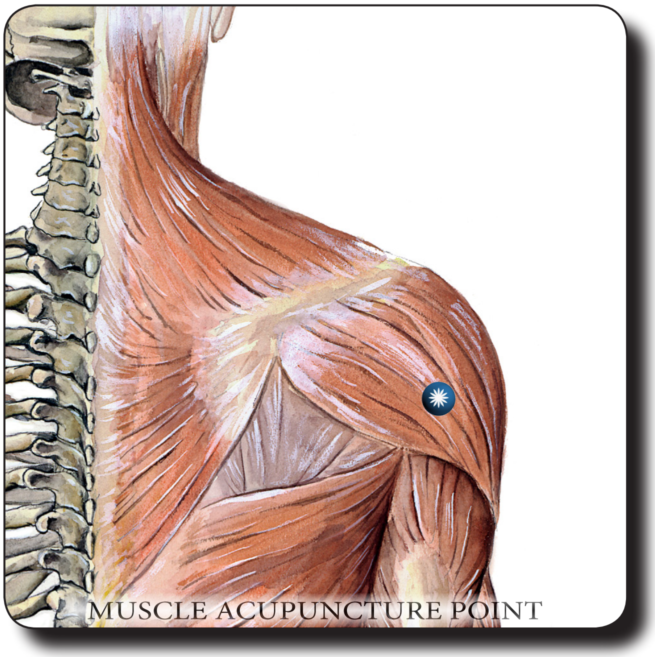

MUSCLE ACUPUNCTURE POINT

Muscle 812: OBTURATOR EXTERNUS

ORIGIN: Rami of pubes and ischium and external surface of obturator foramen.

INSERTION: Trochanteric fossa of femur.

ACTION: Flexion and external rotation of the femur.

TEST:

Patient: Supine, flex ipsilateral thigh 110° and ipsilateral knee 90°, with slight external rotation of thigh (ankle towards midline).

Doctor: Brace lateral side of ipsilateral knee; contact medial side of tibia to internally rotate femur (using moderate pressure).

NEUROVASCULAR: (Lat) Parietal bone - near coronal suture just below temporal line.

NEUROLYMPHATIC: (Post/L) 3rd ICS, about 2" out from transverse processes.

VISCERAL ORGAN:

I. *Heart:* (Ant/L) K21.5 L - junction of 4th section Rectus abdominis and medial aspect of costocartilage at level of 6th rib.

II. *Spleen:* (Ant/L) Lv14 at 8th rib costocartilage junction.

M. A. P. : Tw13

V.L. : L4L

L. B. V.L. : C2L

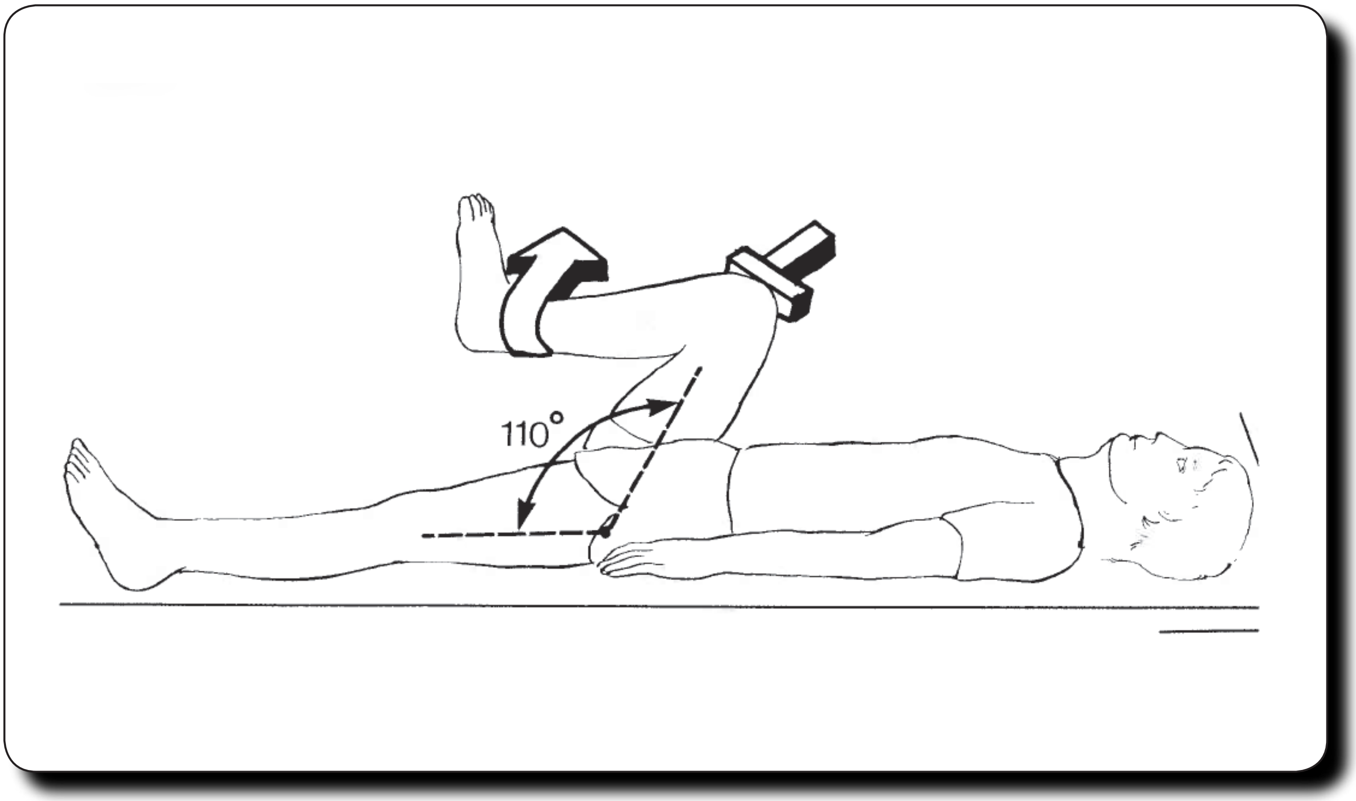
M. M. : L4

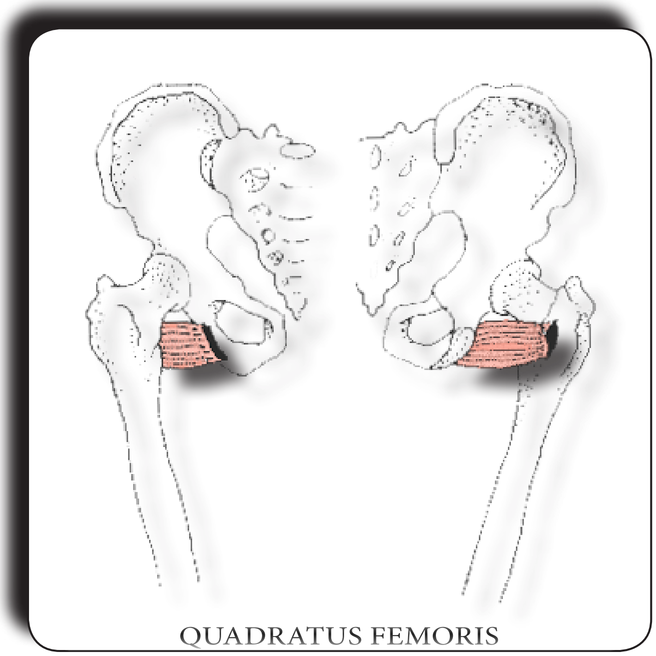
CRANIAL: Temporal - inferior and superior

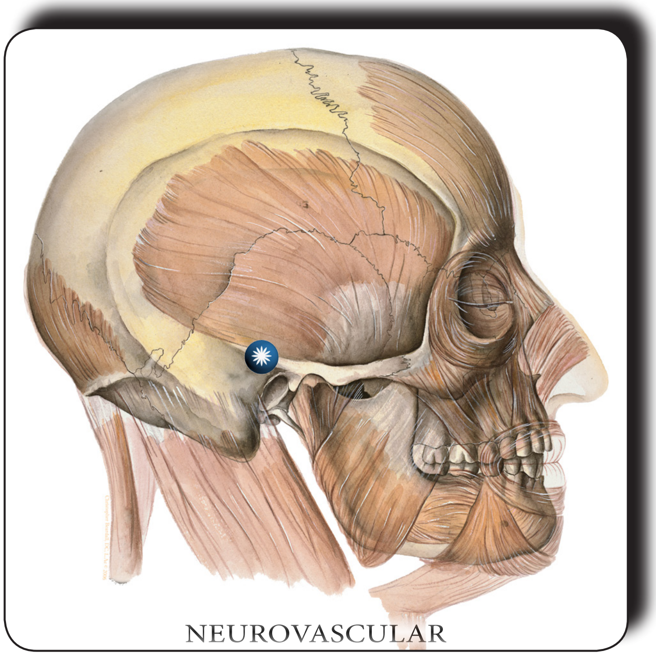
FOOT: Cuboid

NUTRIENT SOURCE: Zinc

1. Core Level Zinc (NW)
2. Core Level Health Reserve (NW)




QUADRATUS FEMORIS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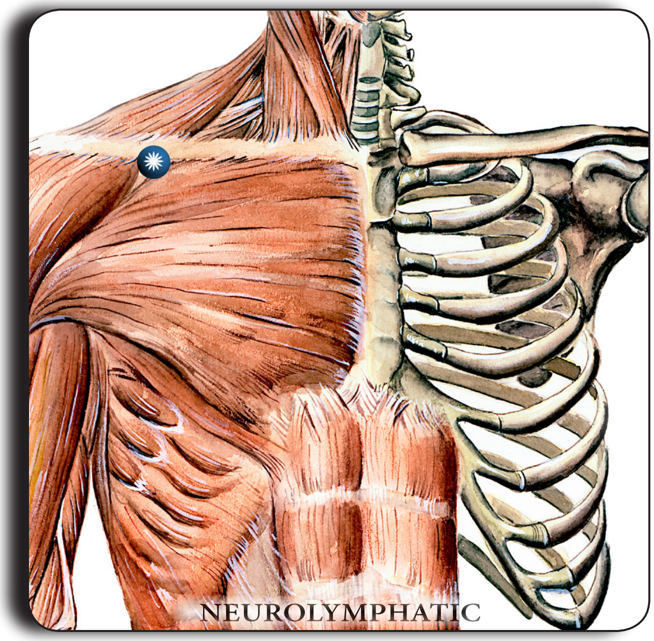
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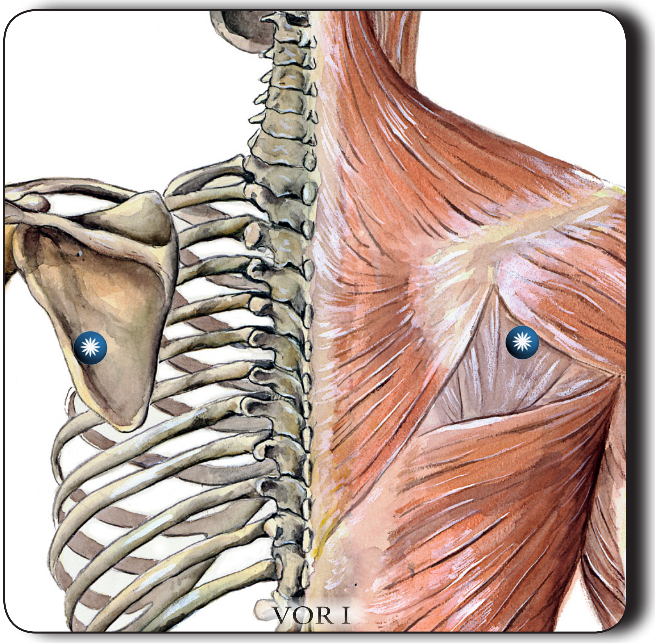
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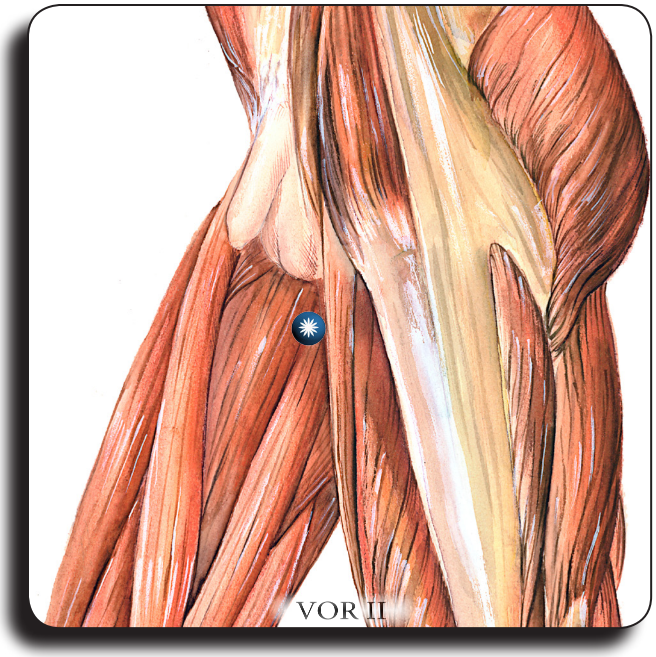
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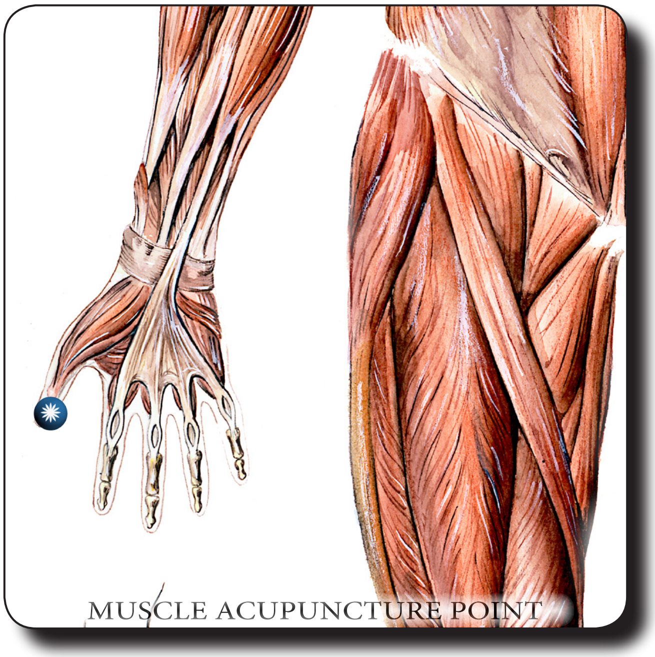

MUSCLE ACUPUNCTURE POINT

Muscle 814: QUADRATUS FEMORIS

ORIGIN: Upper part of external border of ischium.

INSERTION: Posterior upper femur at linea quadrata.

ACTION: Flexion, adduction, and external rotation of the femur.

TEST:

Patient: Supine, flex ipsilateral femur 75°, and ipsilateral knee 90°, with slight external rotation of thigh. (Ankle towards midline).

Doctor: Brace lateral side of ipsilateral knee; contact medial side of tibia to internally rotate femur (using moderate pressure).

NEUROVASCULAR: (Lat) Temporal bone just posterior and superior to EAC.

NEUROLYMPHATIC: (Ant/R) Clavicle between outer and middle 1/3 at origin of anterior deltoid.

VISCERAL ORGAN:

I. Ovary/Testicle: (Post/BL) Si11 mid-infraspinatus fossa of scapula.

II. Nose: (Lat/BL) Belly of Adductor longus muscle inferior and medial to Lv10.

M. A. P. : Lu11

V.L. : T5R

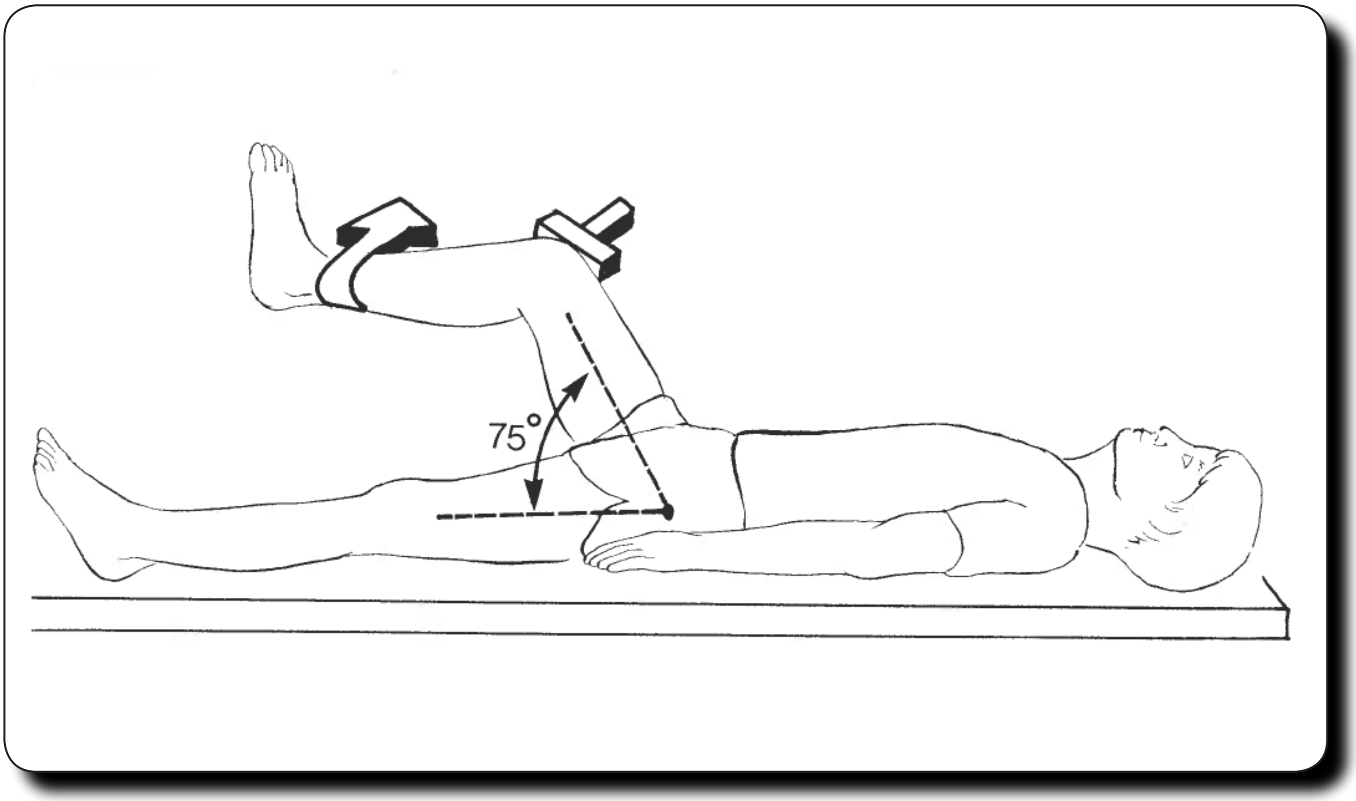
L. B. V.L. : T6R

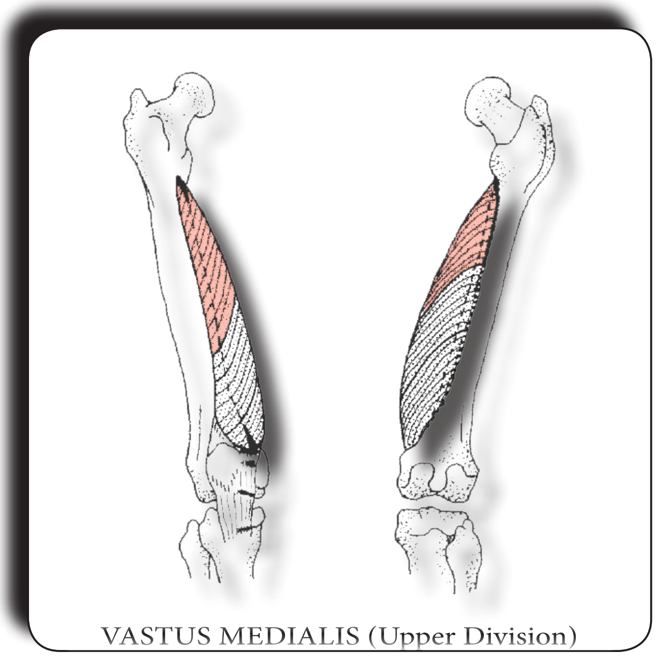
M. M. : L5

CRANIAL: Styloid

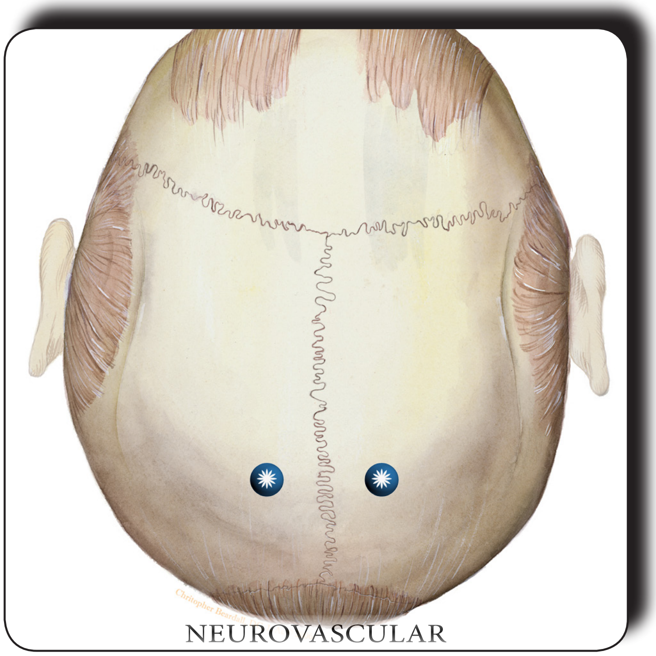
FOOT: Distal 1st phalanx

NUTRIENT SOURCE: Vitamin D
1. Vitamin D (NW)
2. Core Bone Matrix (NW)

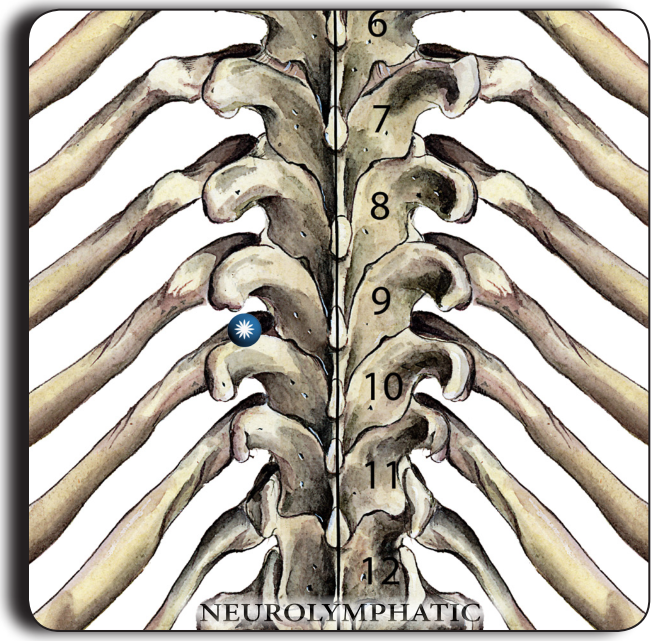




VASTUS MEDIALIS (Upper Division)



NEUROVASCULAR



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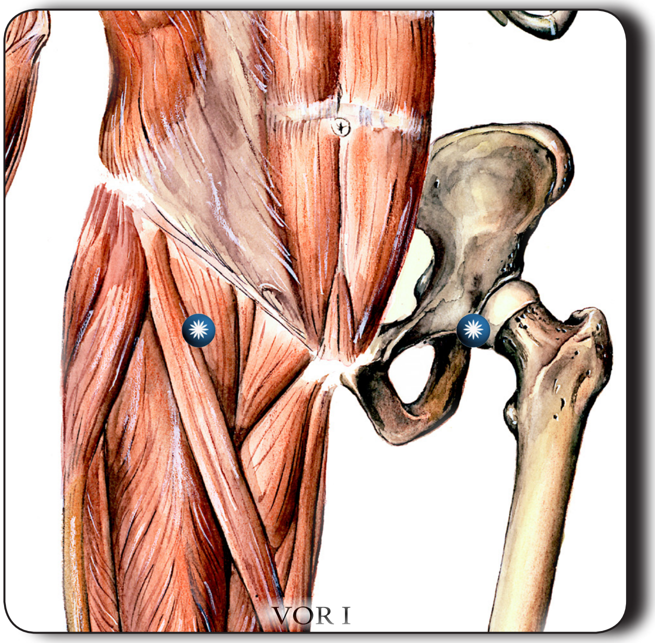
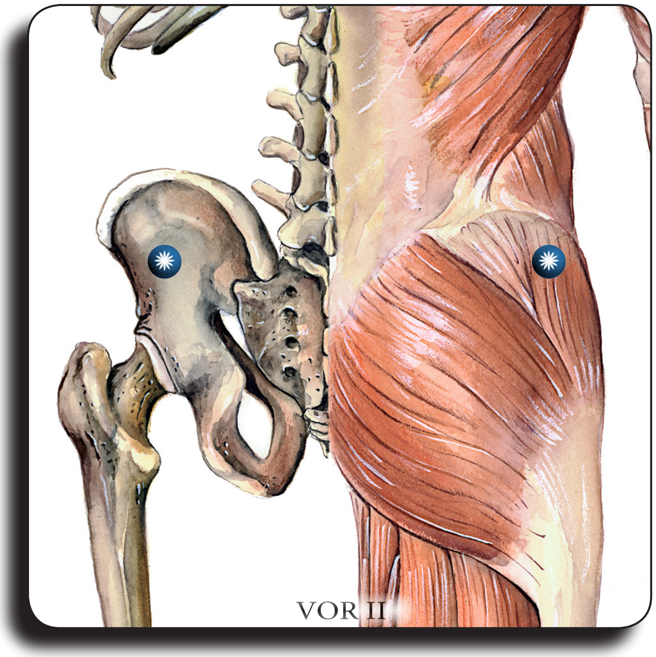


VOR I



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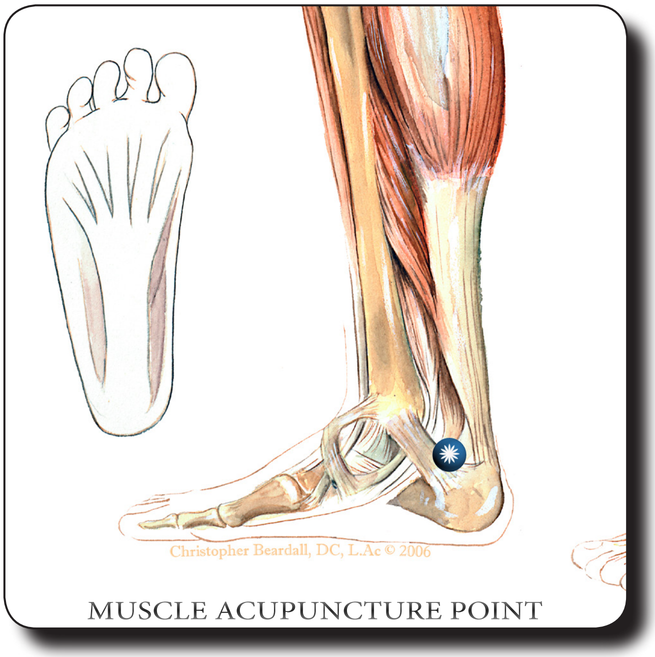


Christopher Beardall, DC, L.Ac © 2006

MUSCLE ACUPUNCTURE POINT

Muscle 816: VASTUS MEDIALIS, (Upper Division)

ORIGIN: Upper part of medial linea aspera, supracondylar line, tendon of Adductor longus, medial intramuscular septum.

INSERTION: Medial aspect of tibia over medial collateral ligament.

ACTION: Extend the knee. Kinetically it acts to stabilize the adduction of the leg.

TEST:

Patient: Supine, flex ipsilateral femur and knee to place calcaneus level with contralateral knee (65° thigh flexion), internally rotate tibia.

Doctor: Brace lateral side of ipsilateral knee, cup ipsilateral calcaneus and pull laterally to internally rotate femur (pull along plane of table).

NEUROVASCULAR: (Sup/BL) Parietal bone, 1" lateral to sagittal suture in posterior superior section.

NEUROLYMPHATIC: (Post/L) 9th ICS, between transverse processes.

VISCERAL ORGAN:

I. Lungs: (Ant/BL) Anterior inferior lip of acetabulum.

II. Duodenum - enzymes: (Post/BL) Belly of Gluteus medius 1"- 2" below crest near medial-anterior junction.

M. A. P. : K5

V.L. : L1L

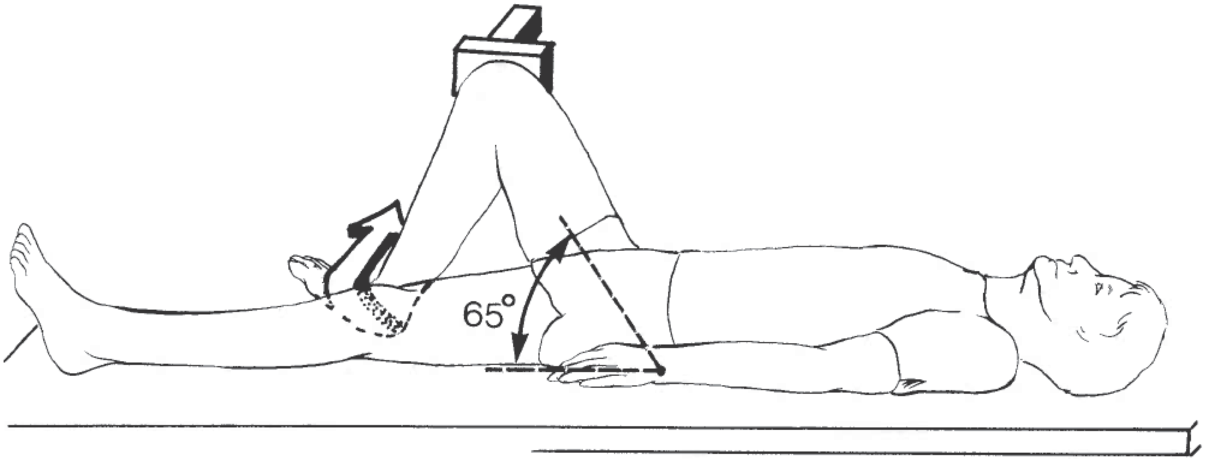
L. B. V.L. : C5L

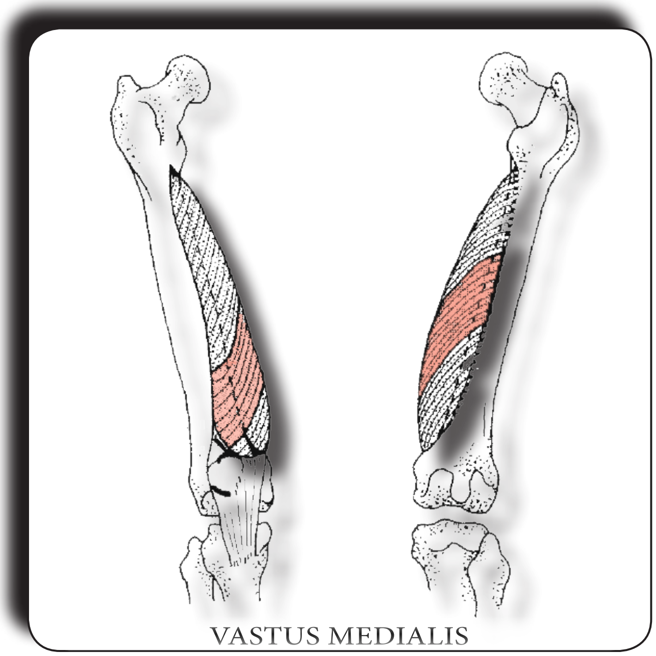
M. M. : L4

CRANIAL: Glabella

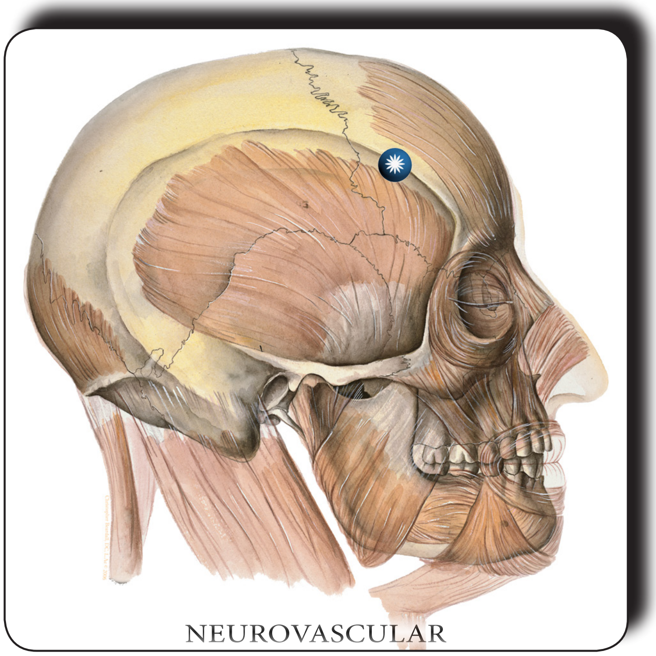
FOOT: 4th metatarsal

NUTRIENT SOURCE: Vitamin A
1. Vitamin A Emulsion (NW)
NOTE: Contributes to colon problems





VASTUS MEDIALIS



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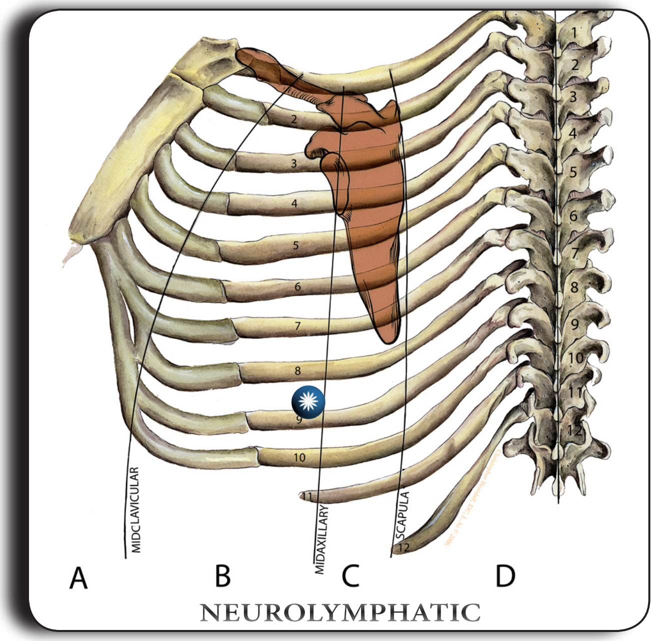
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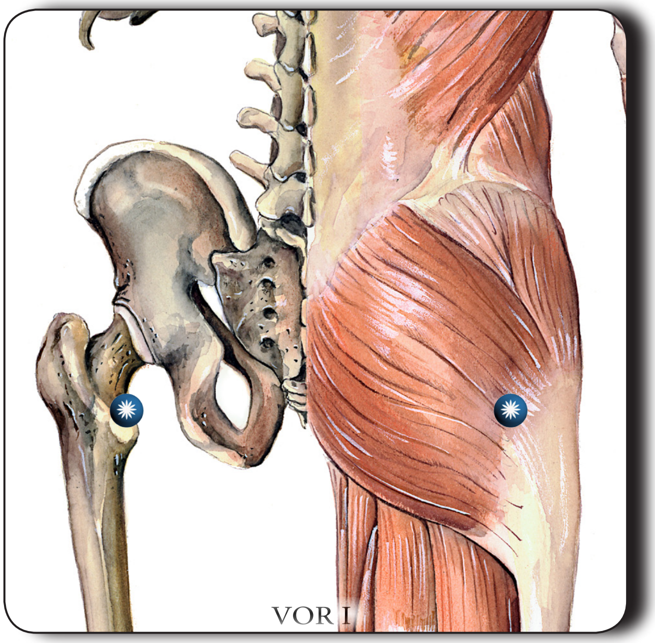
NEUROLYMPHATIC



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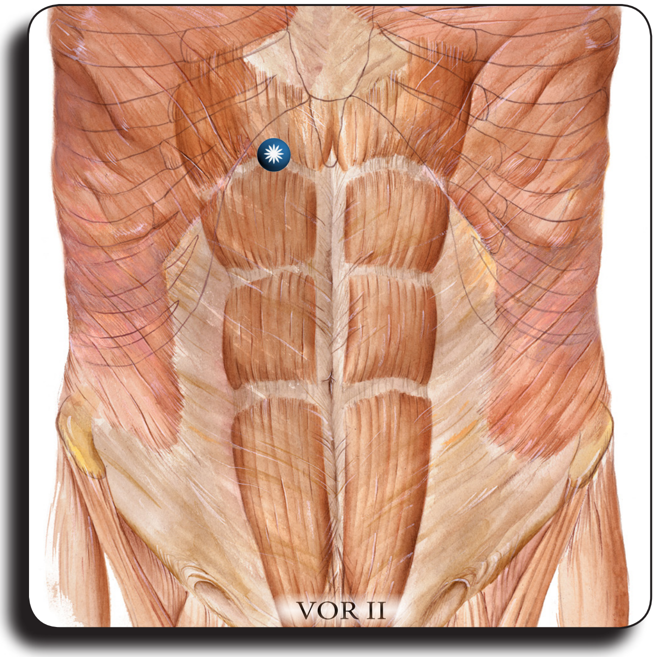

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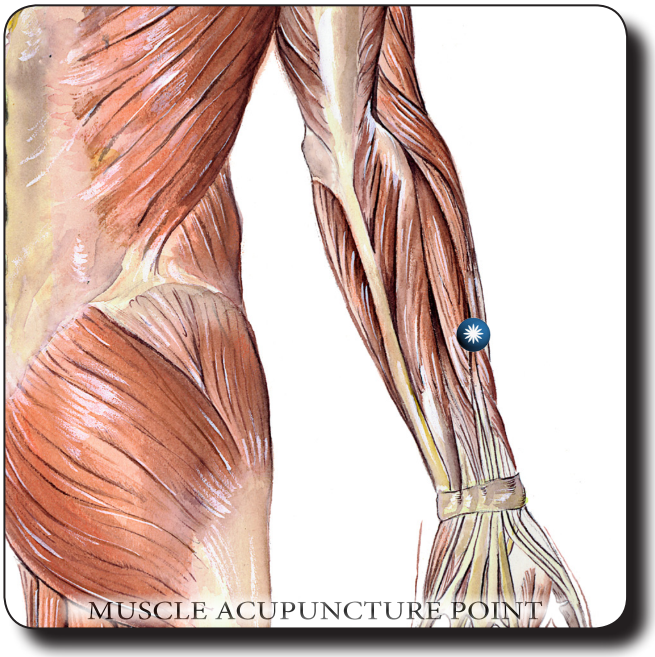


MUSCLE ACUPUNCTURE POINT

Muscle 818: VASTUS MEDIALIS, (Middle Division)

ORIGIN: Middle third of medial lip of linea aspera.

INSERTION: Superior medial border of patella and Quadriceps femoris tendon.

ACTION: Extend the knee. Kinetically it acts to stabilize the adduction of the leg.

TEST:

Patient: Supine, flex ipsilateral hip and knee to place calcaneus level with contralateral mid tibia (35° thigh flexion); internally rotate tibia.

Doctor: Brace lateral side of ipsilateral knee, cup ipsilateral calcaneus and pull laterally (to internally rotate femur) along plane of table.

NEUROVASCULAR: (Lat) Frontal bone on superior temporal line, 1/2" anterior to coronal suture.

NEUROLYMPHATIC: (Post/L) 8th ICS, parascapular area.

VISCERAL ORGAN:

I. Adrenal: (Post/BL) Pelvis level of G30 in belly of Gluteus maximus, 1-2 " medial.

II. Gallbladder: (Ant/R) 4th section Rectus abdominis near origin, 1-2" lateral to linea alba.

M. A. P. : Li6.6

V.L. : T9L

L. B. V.L. : T2L

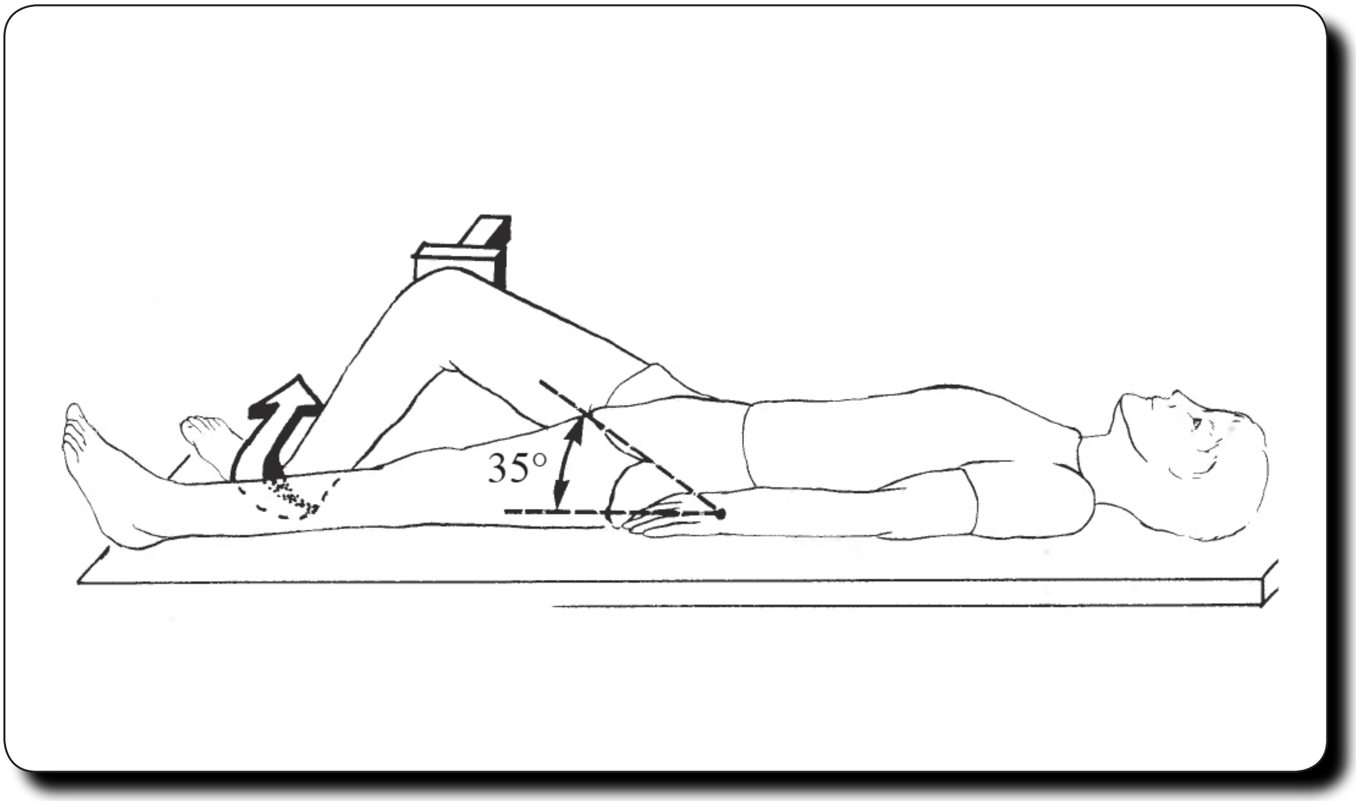
M. M. : L3

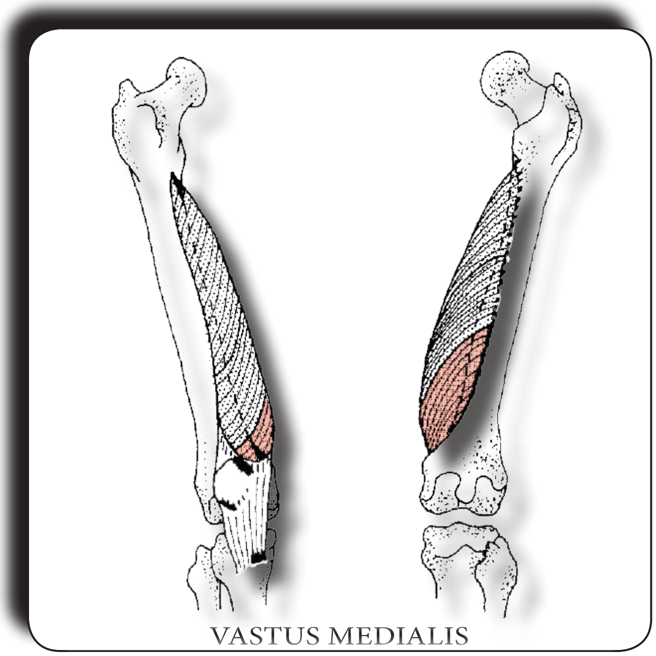
CRANIAL: Glabella

FOOT: 4th metatarsal

NUTRIENT SOURCE: Chromium

1. Super EFA (NW)
2. Carbo-Met (NW)
3. Aspartic-Chrom (NW)
4. Core Level Pancreas (NW)

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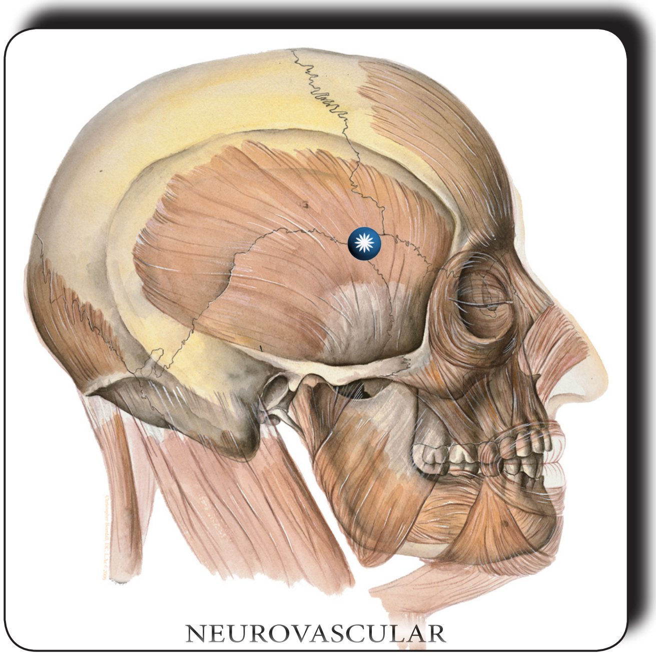
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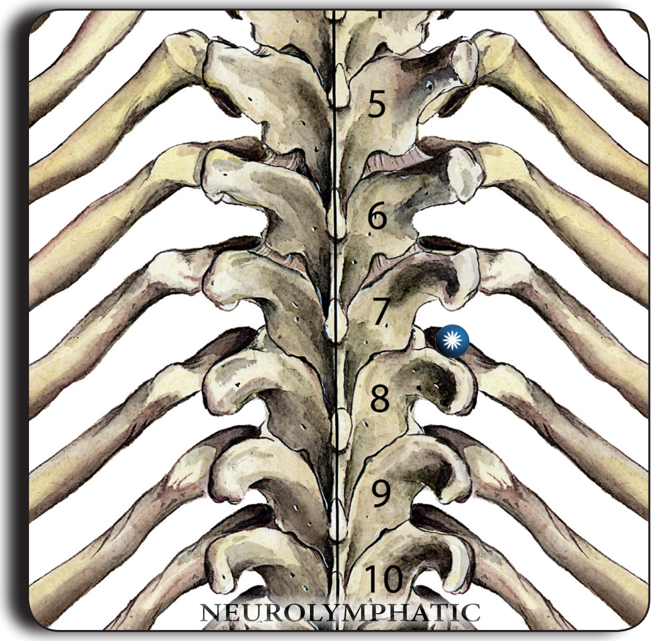

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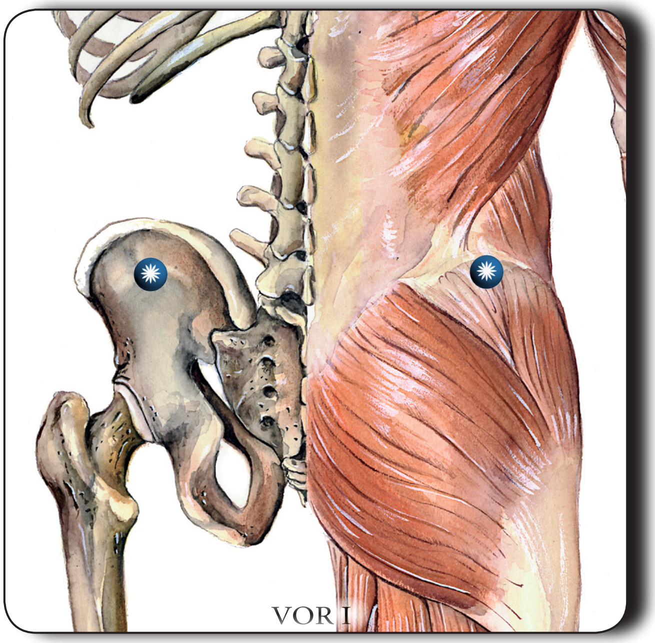
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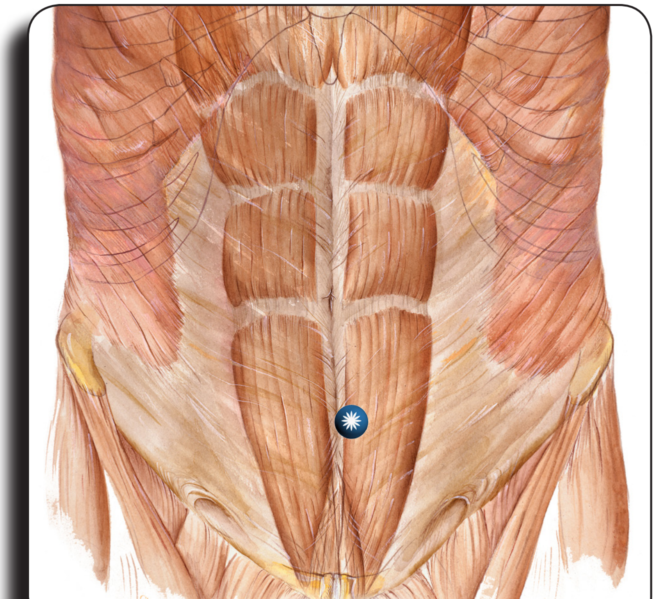
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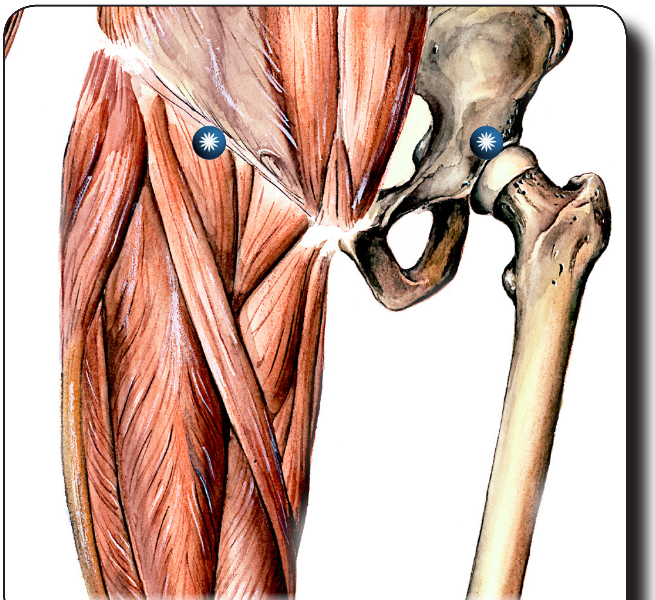

MUSCLE ACUPUNCTURE POINT

Muscle 820: VASTUS MEDIALIS, (Lower Division)

ORIGIN: Lower half of intertrochanter line approximately lower third of femur.

INSERTION: Fascial attachment on medial aspect of tibia (contact near Sartorius insertion).

ACTION: Extends the knee. Kinetically it acts to stabilize the adduction of the leg.

TEST:

Patient: Supine, flex ipsilateral hip and knee to place calcaneus level with contralateral ankle (20° thigh flexion); internally rotate tibia.

Doctor: Brace lateral side of ipsilateral knee, cup ipsilateral calcaneus and pull laterally (to internally rotate femur) along plane of table.

NEUROVASCULAR: (Lat) Sphenoid squamosal suture near its superior area.

NEUROLYMPHATIC: (Post/R) 7th ICS, paraspinal between transverse processes.

VISCERAL ORGAN:

I. Posterior Pituitary: (Post/BL) Near crest of ilium in Gluteus medius muscle, lateral to B47. 5.

II. Ileum: (Ant/L) medial border 1st section Rectus abdominis,1-2” below umbilicus.

M. A. P. : Sp12

V.L. : T8L

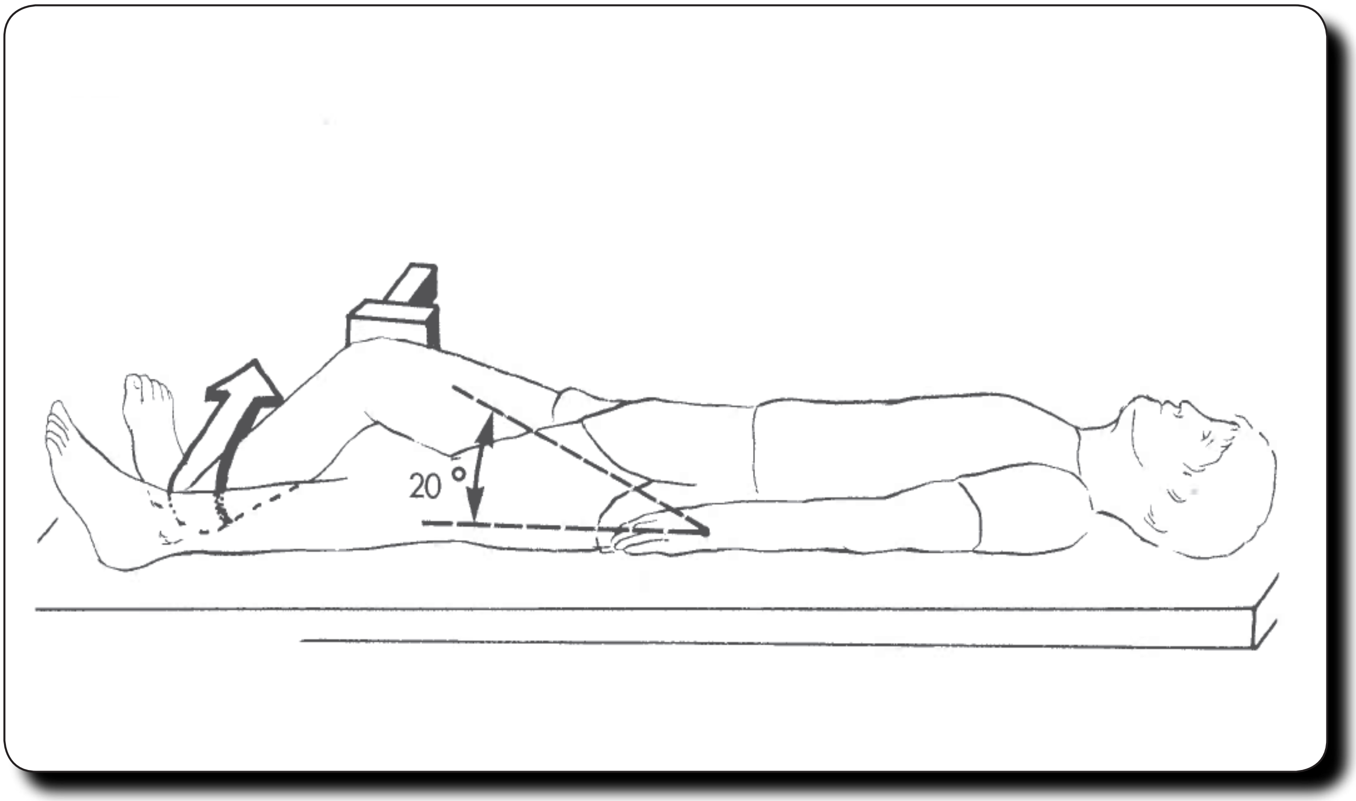
L. B. V.L. : T3L

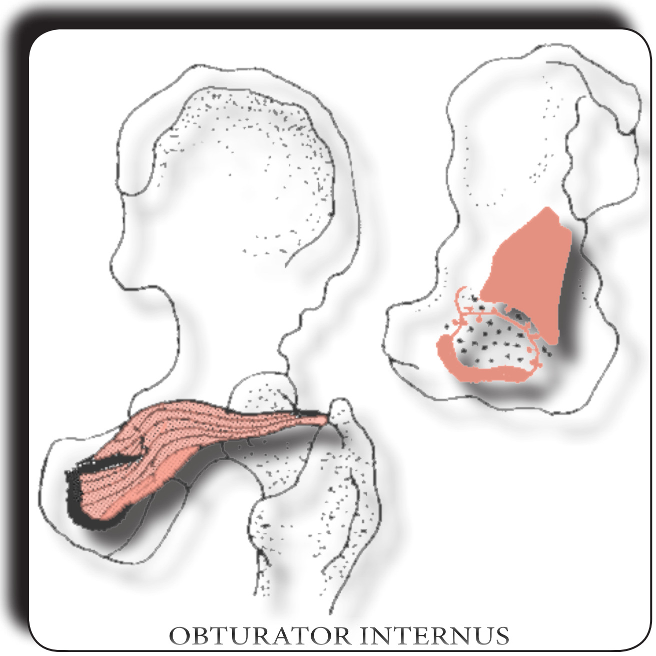
M. M. : L3

CRANIAL: Styloid

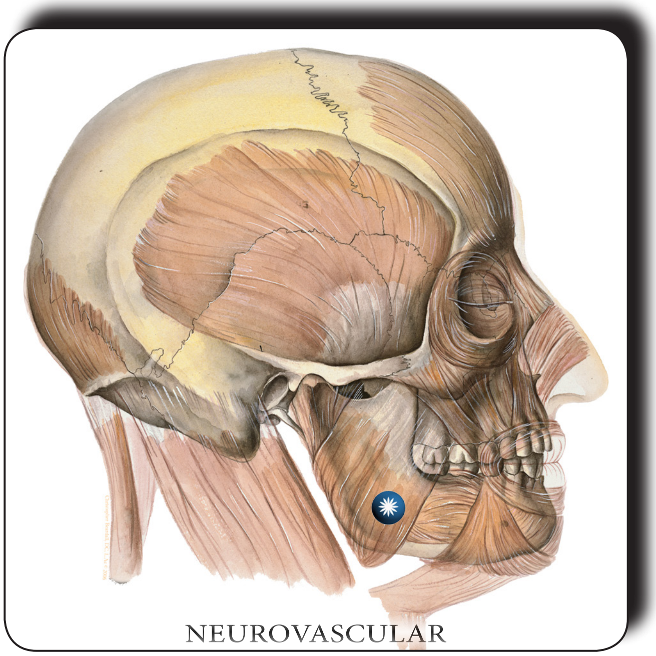
FOOT: Distal phalanx of great toe

NUTRIENT SOURCE: Magnesium
1. Core Level Magnesium (NW)
2. Core Level Bile Matrix (NW)





OBTURATOR INTERNUS



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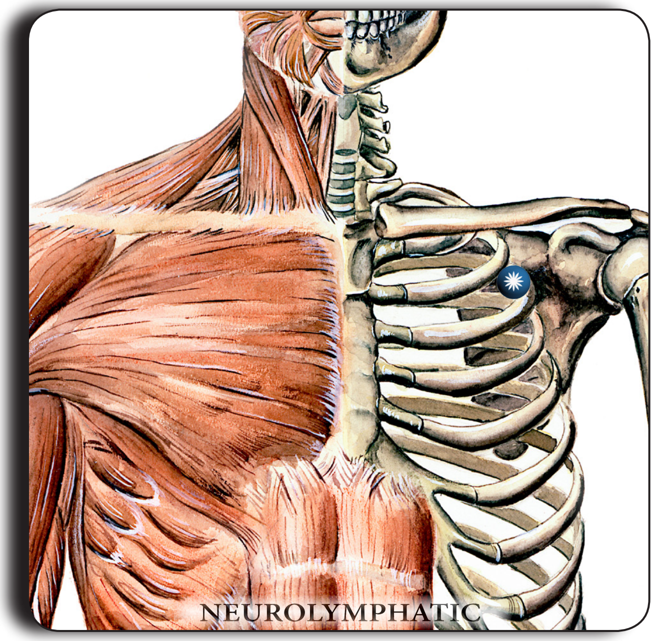

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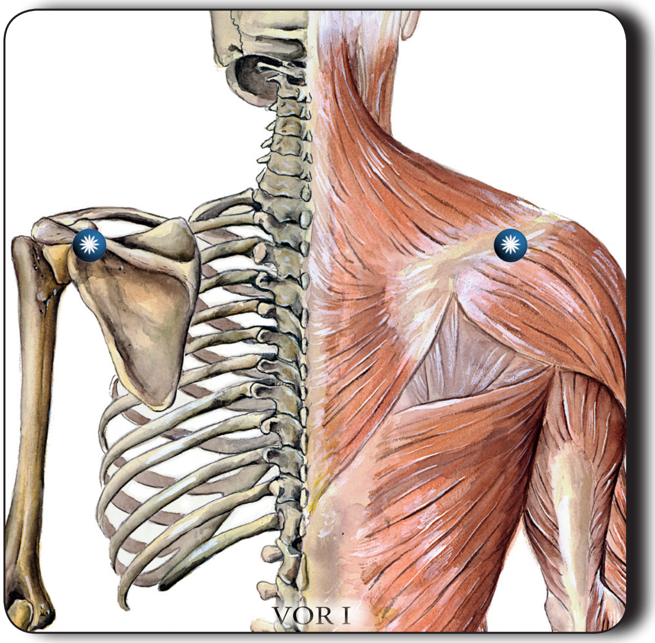

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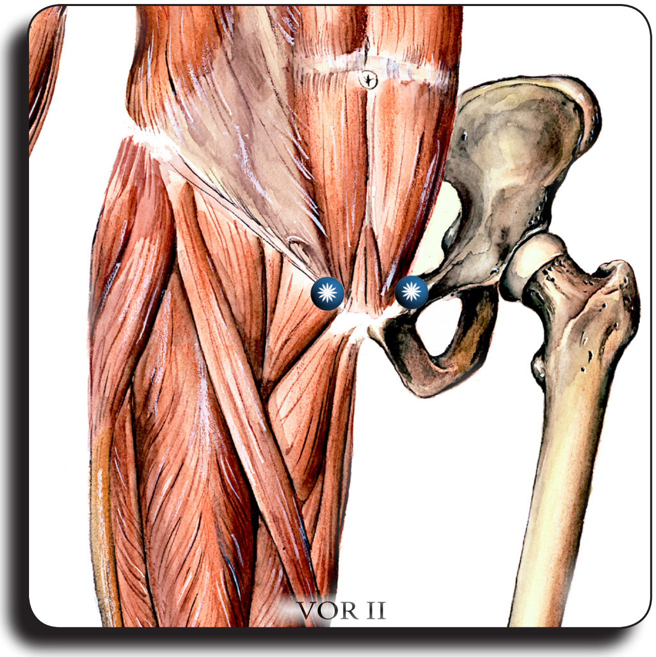

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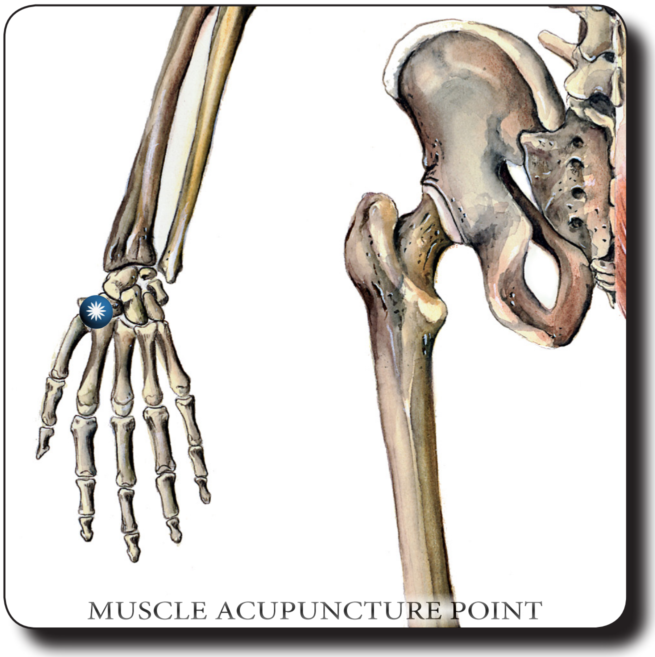


MUSCLE ACUPUNCTURE POINT

Muscle 822: OBTURATOR INTERNUS

ORIGIN: Inner surface of anterolateral wall of pelvis surrounding the obturator foramen, obturator membrane, and obturator fascia.

INSERTION: Medial surface of greater trochanter.

ACTION: External rotation of the femur.

TEST:

Patient: Supine, centered on table; flex ipsilateral hip 45° and flex knee to place ankle below side of table.

Note: ipsilateral hip should have slight internal rotation.

Doctor: Brace contralateral ilium on lateral side and with ipsilateral lateral knee contact, adduct and internally rotate femur.

NEUROVASCULAR: (Lat) Posterior surface of mandible, inferior portion of angle near insertion of Pterygoideus internus.

NEUROLYMPHATIC: (Ant/L) 2nd ICS, midclavicular line .

VISCERAL ORGAN:

I. Lungs: (Post/BL) Just inferior to spine of scapula, lateral third.

II. Larynx: (Ant/BL) Along inguinal ligament 1" lateral to midline.

M. A. P. : Li4.5

V.L. : T9R

L. B. V.L. : T2R

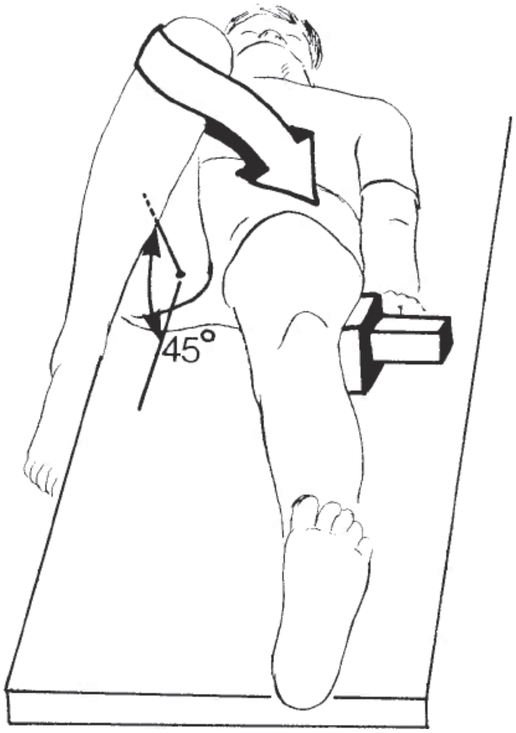
M. M. : S2

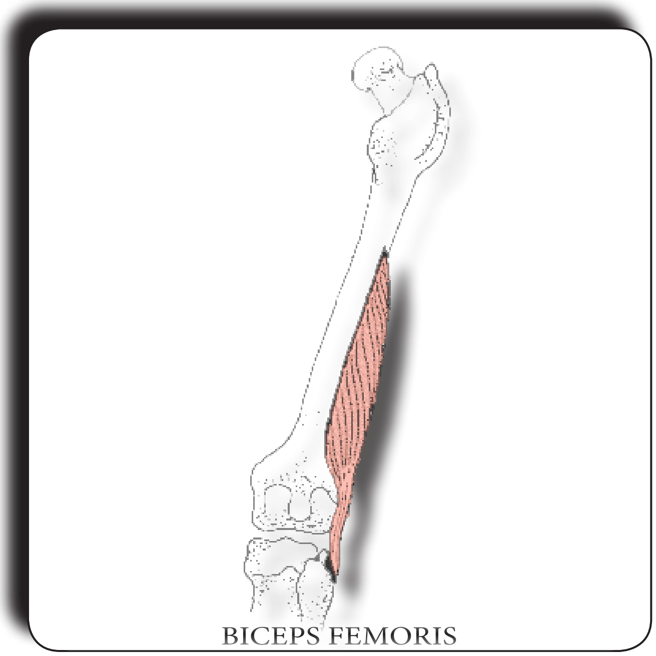
CRANIAL: Vomer

FOOT: 2nd metatarsal

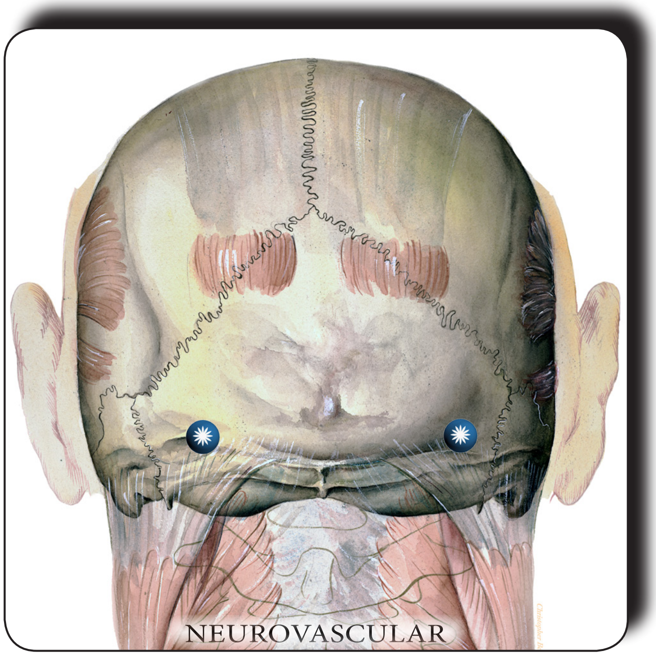
NUTRIENT SOURCE: Health Reserve

1. Core Level Health Reserve (NW)
2. Cln-Zym (NW)





BICEPS FEMORIS



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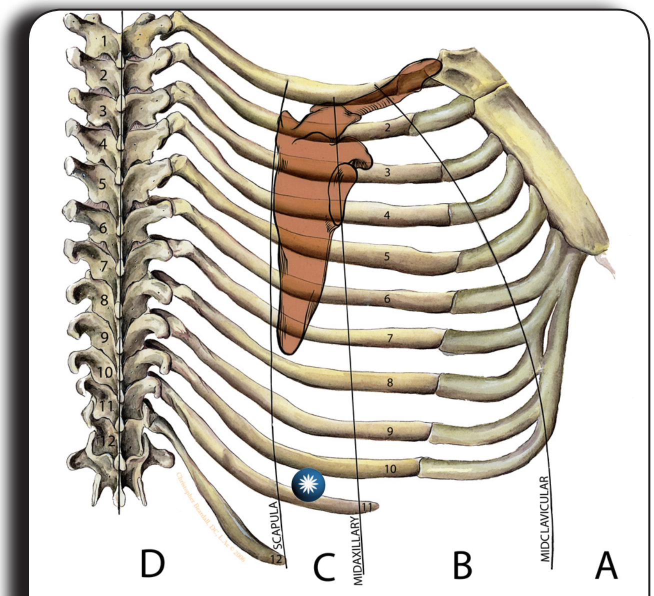
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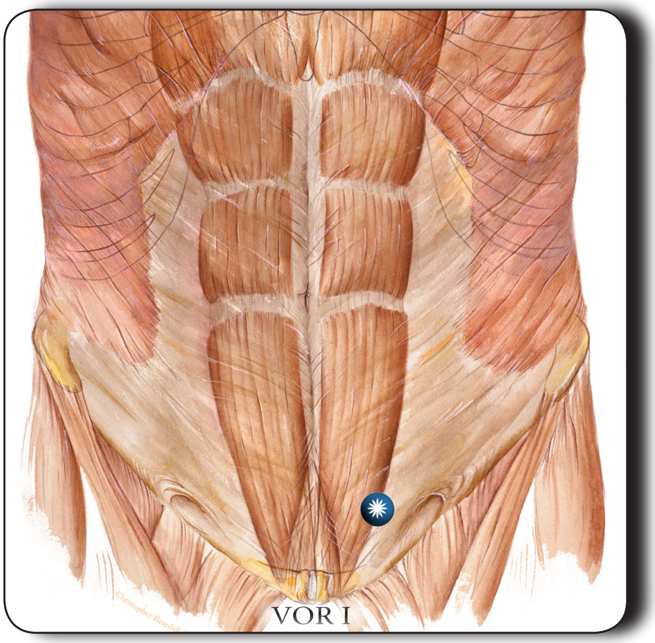
NEUROLYMPHATIC



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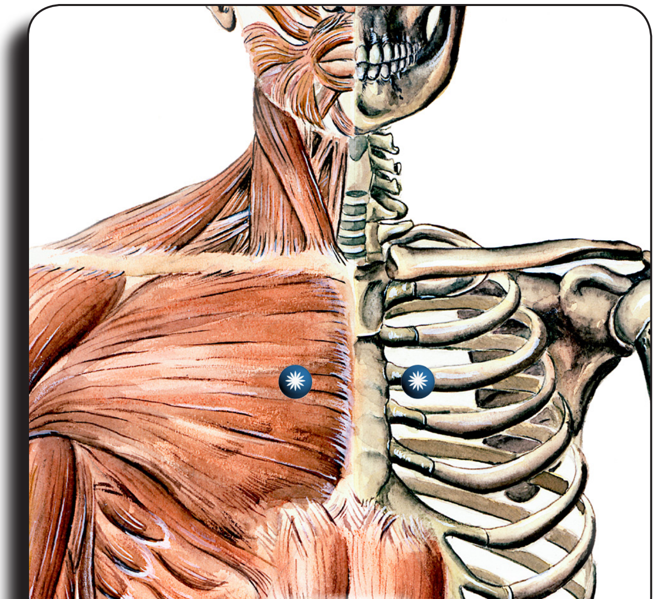

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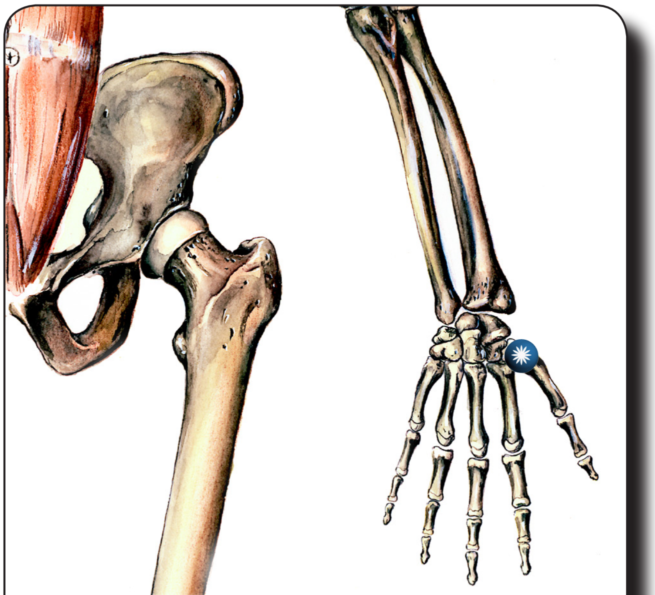


MUSCLE ACUPUNCTURE POINT

Muscle 824: BICEPS FEMORIS, (Short Head)

ORIGIN: Lateral lip of linea aspera and lateral supracondyle of femur.

INSERTION: Lateral side of fibula, lateral condyle of tibia, deep fascia on lateral side of leg.

ACTION: Flexion and external rotation of the knee.

TEST:

Patient: Supine, flex ipsilateral knee to 70° with full external rotation of tibia; abduct ankle 10° from midline. (Keep ankle dorsiflexed.)

Doctor: Brace ipsilateral proximal tibia and cup calcaneus to extend knee (pull ankle along plane of table).

NEUROVASCULAR: (Post/BL) Occiput - 1 " medial to Psoas neurovascular on superior nuchal line.

NEUROLYMPHATIC: (Lat/R) 10th ICS, mid-axillary area.

VISCERAL ORGAN:

I. *Large intestine:* (Ant/L) lateral border of 1st section Rectus abdominis 2" superior to pubes.

II. *Eustachian tube:* (Ant/BL) Junction of 3rd rib and costocartilage.

M. A. P. : Lu9.5

V.L. : L5R

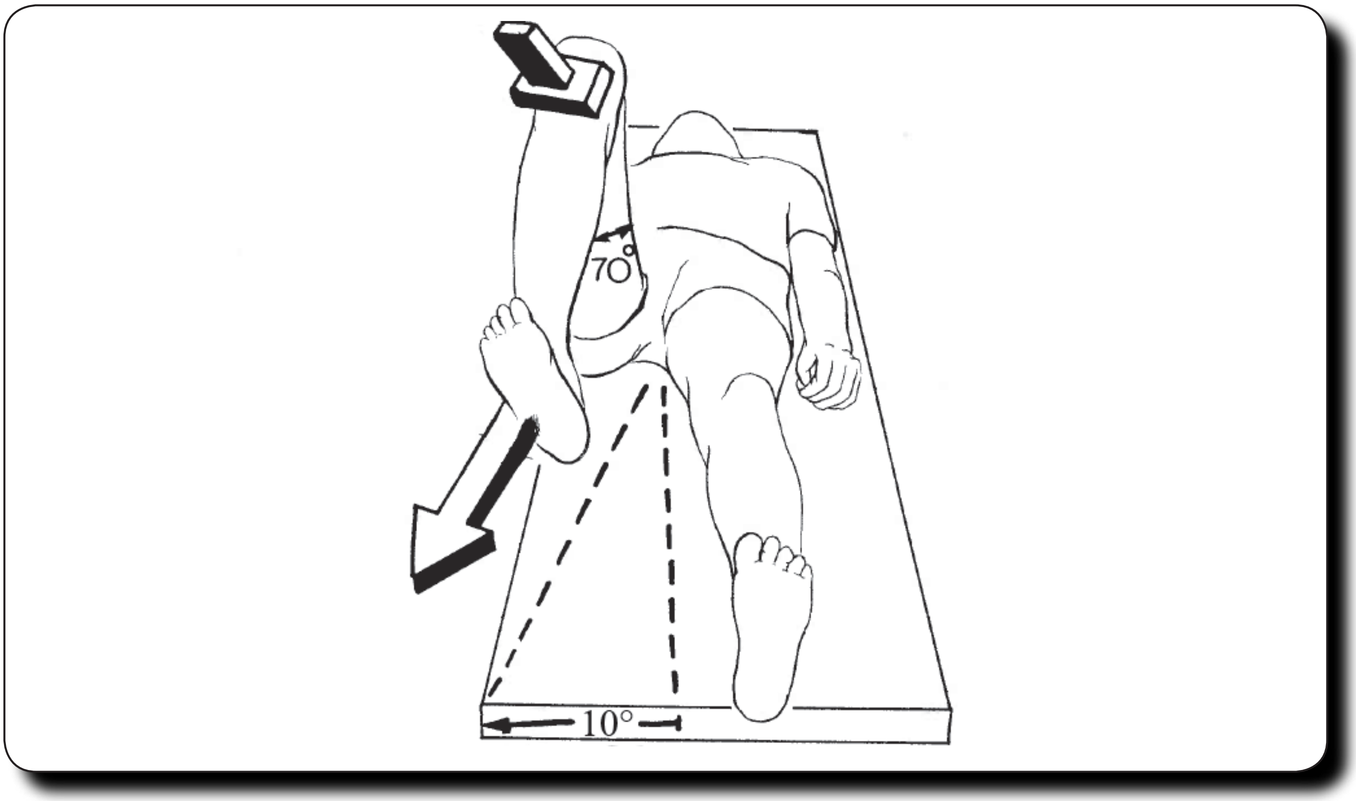
L. B. V.L. : C1R

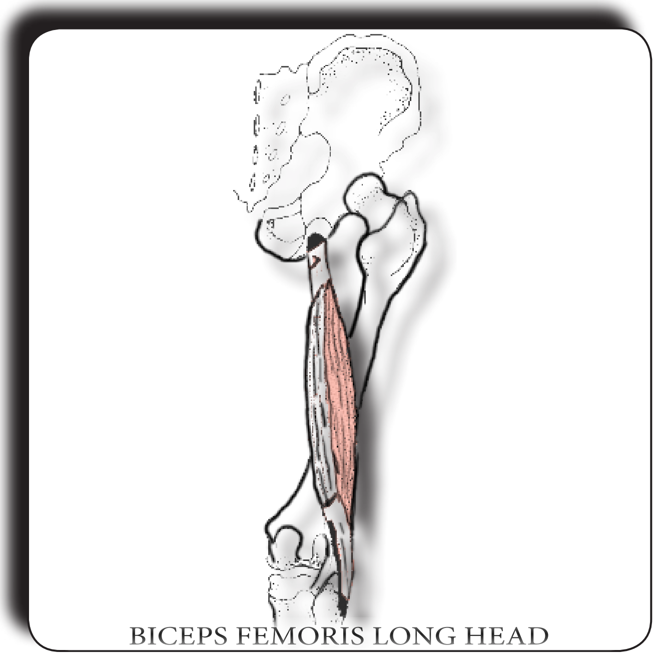
M. M. : S1

CRANIAL: Zygomatic

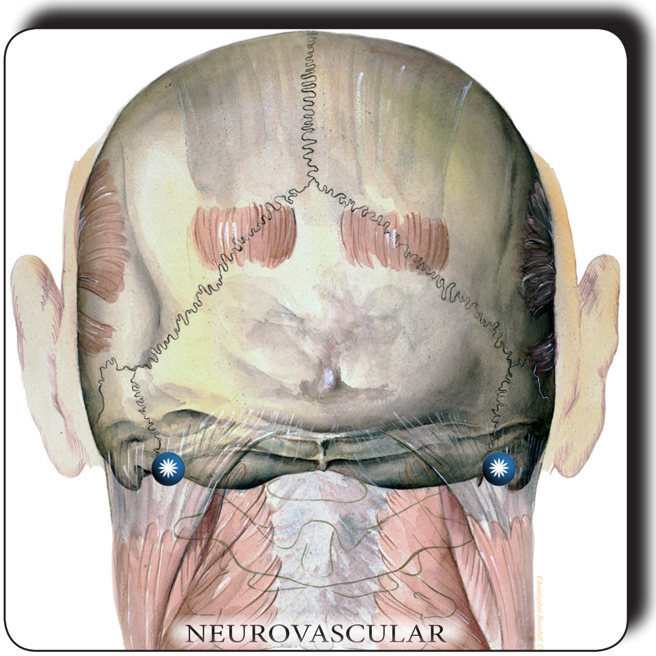
FOOT: 2nd cuneiform

NUTRIENT SOURCE: Rutin
1. Rutin Plus (NW)





BICEPS FEMORIS LONG HEAD



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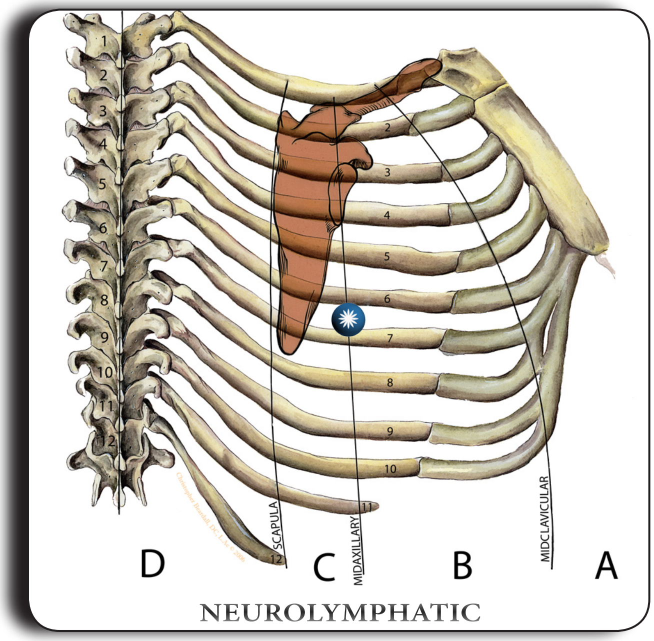
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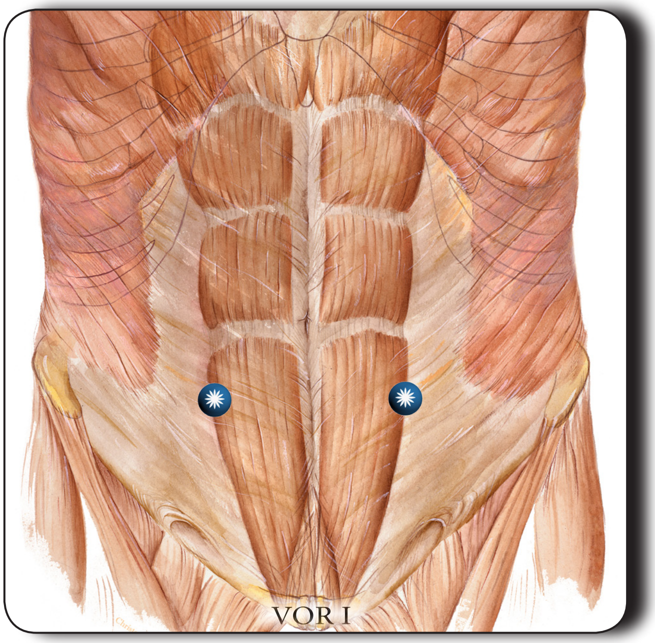

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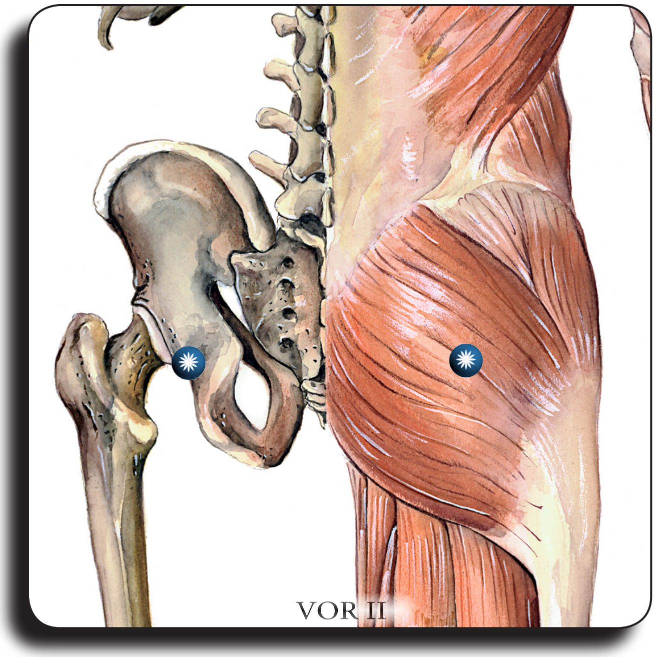

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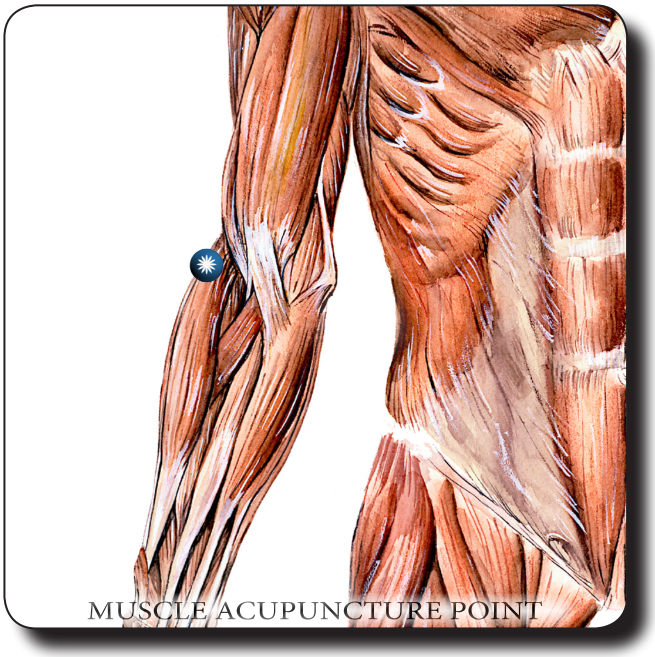


MUSCLE ACUPUNCTURE POINT

Muscle 826: BICEPS FEMORIS LONG HEAD, (Fibular Division)

ORIGIN: Ischial tuberosity and sacro-tuberous ligament.

INSERTION: Lateral side of fibula, deep fascia on lateral side of femur along biceps femoris tendon.

ACTION: Flexion and external rotation of the knee. It also extends the femur.

TEST:

Patient: Supine, flex ipsilateral knee to 100° with full external rotation of tibia; abduct ankle 10° from midline. (Keep ankle neutral)

Doctor: Brace ipsilateral proximal tibia and cup calcaneus to extend knee (pull ankle along plane of table).

NEUROVASCULAR: (Post/BL) Occipital mastoid suture at tip of mastoid.

NEUROLYMPHATIC: (Lat/R) 6th ICS, just anterior to mid-axillary line.
Note: Insertion requires work on tendon.

VISCERAL ORGAN:

I. Colon - Ascending/Descending: (Ant/BL) Lateral border of Rectus abdominis 3” below umbilicus.

II. Spleen: (Post/BL) B49, 2” lateral to ischial spine.

M. A. P. : Lu5

V.L. : L5L

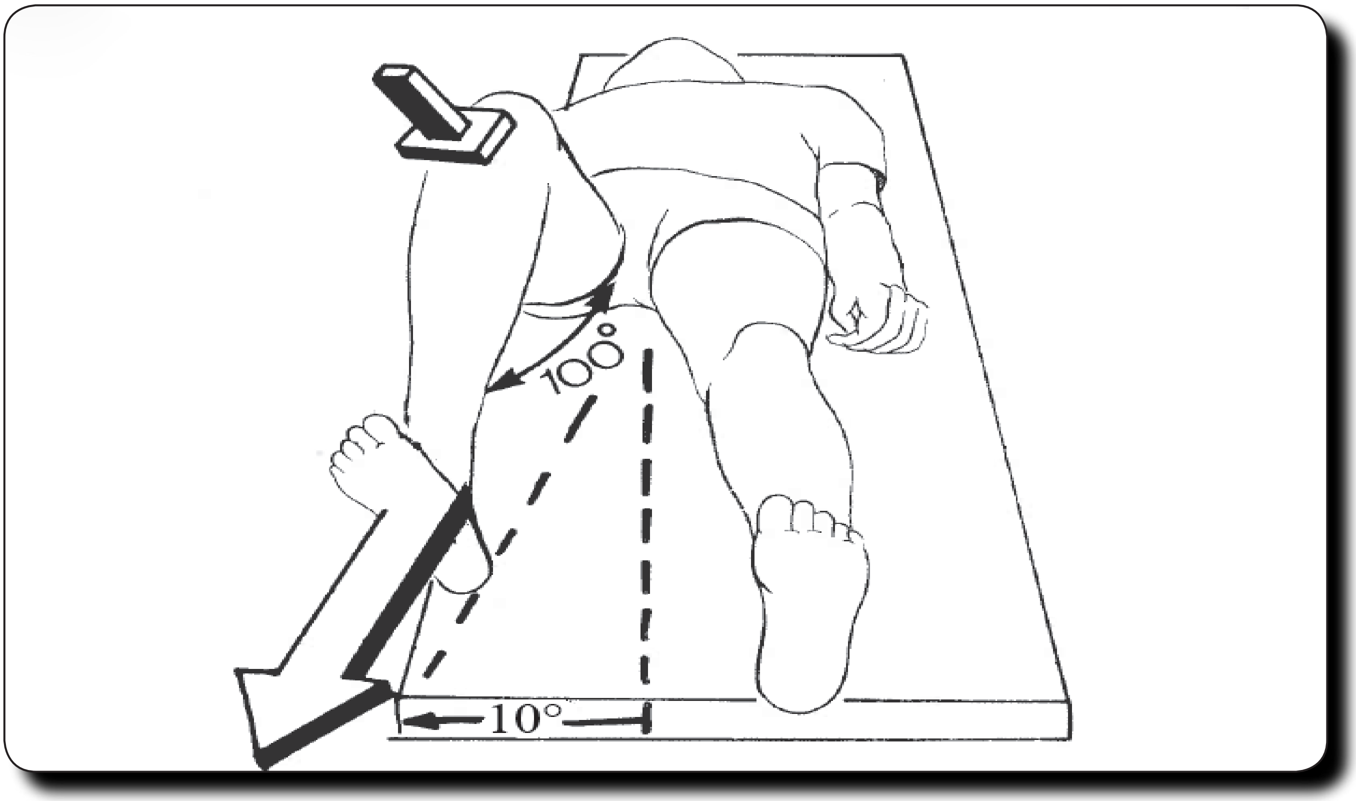
L. B. V.L. : C1L

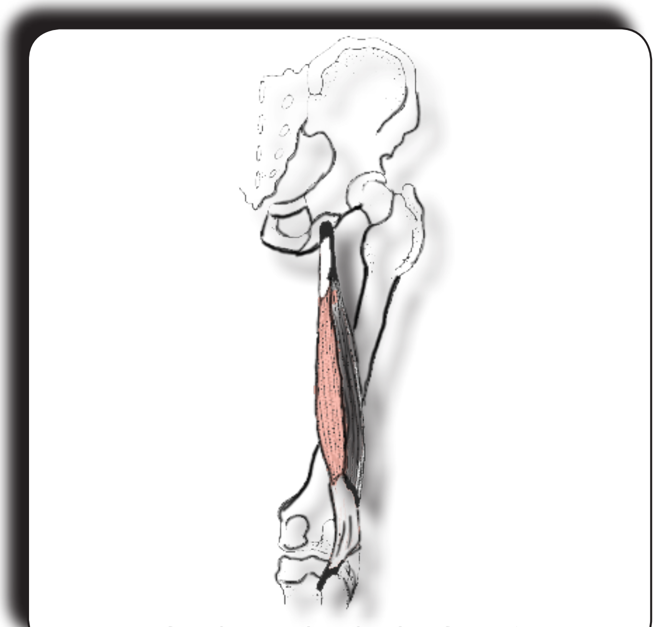
M. M. : S2

CRANIAL: Universal Occiput

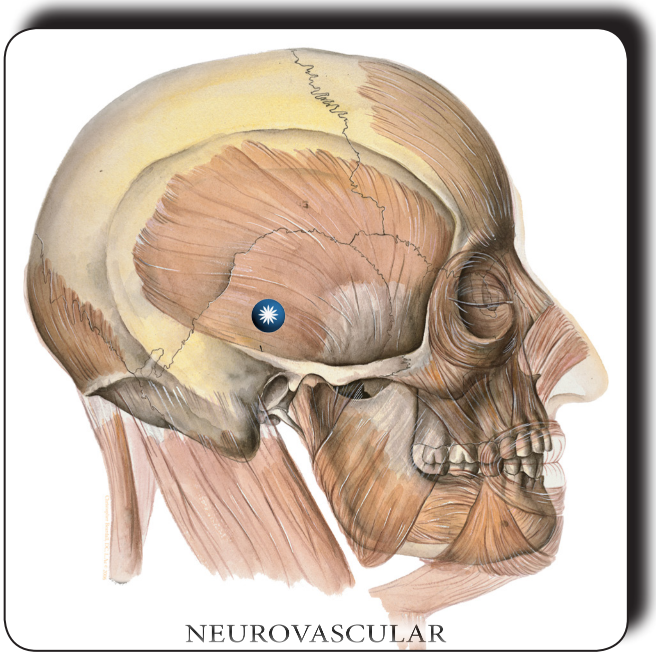
FOOT: Calcaneus

NUTRIENT SOURCE: Gold
1. Core Level Health Reserve (NW)





BICEPS FEMORIS LONG HEAD



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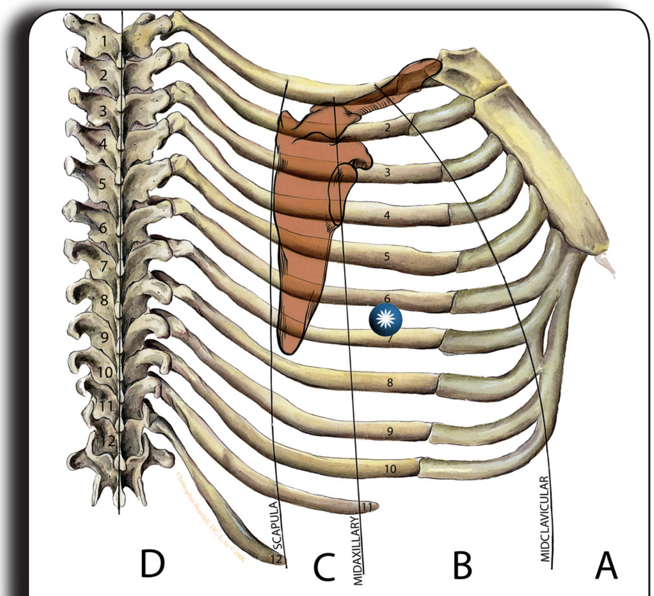
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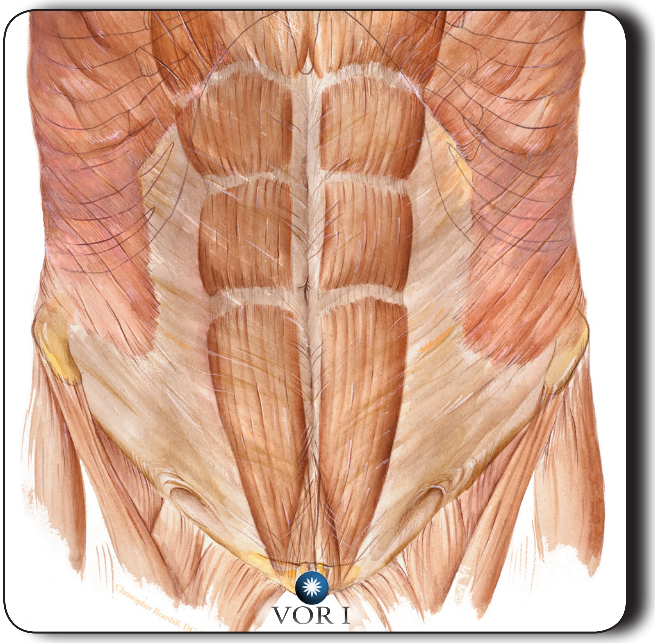
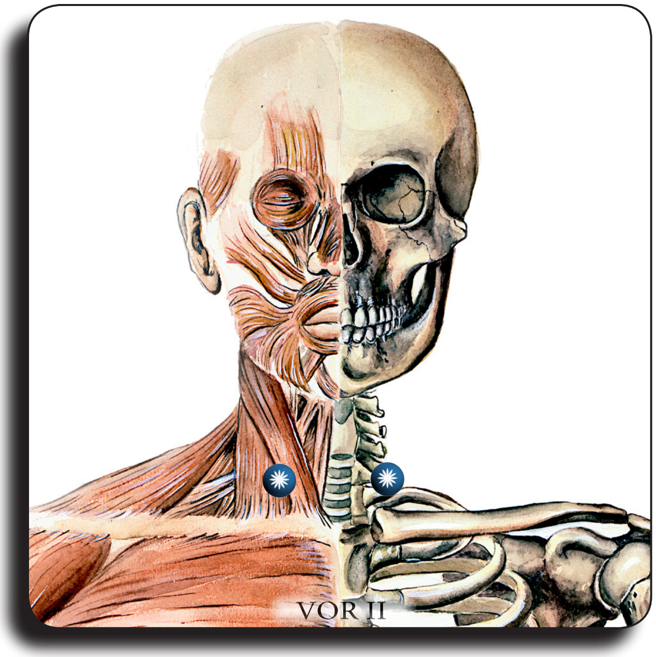
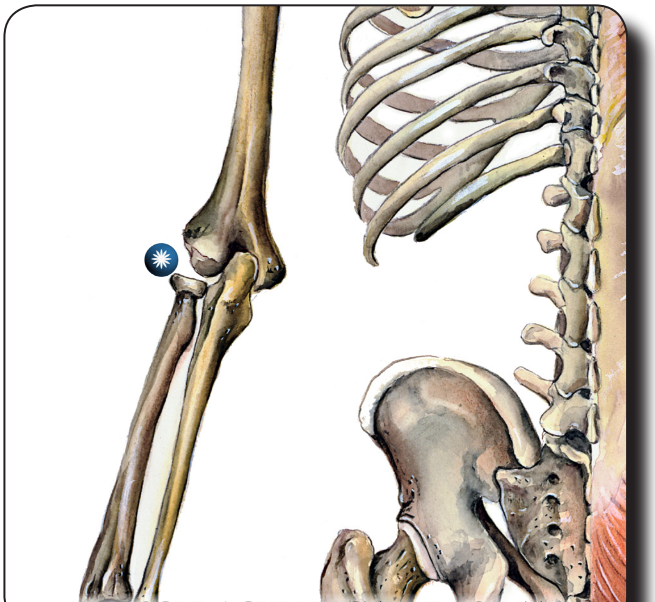


VOR I



VOR II



MUSCLE ACUPUNCTURE POINT

Muscle 828: BICEPS FEMORIS Long head, (Tibial Division)

ORIGIN: Ischial tuberosity.

INSERTION: Lateral condyle of tibia.

ACTION: Flexion and external rotation of the knee. It also extends the femur.

TEST:

Patient: Supine, flex ipsilateral knee to 100° with full external rotation of tibia; keep ankle along mid-sagittal plane. (Keep ankle neutral.)

Doctor: Brace ipsilateral proximal tibia and cup calcaneus to extend knee (pull along plane of table).

NEUROVASCULAR: (Lat) Temporal bone - 1" superior and l" posterior to EAC.

NEUROLYMPHATIC: (Ant/R) 6th ICS, 1" anterior to mid-axillary line.

VISCERAL ORGAN:

I. *Prostate/Uterus:* (Ant) Cv2 top of pubes midline.

II. *Sublingual glands:* (Ant/BL) Belly of sternocleidomastoid 2" superior to sternum.

M. A. P. : Li11

V.L. : L4R

L. B. V.L. : C2R

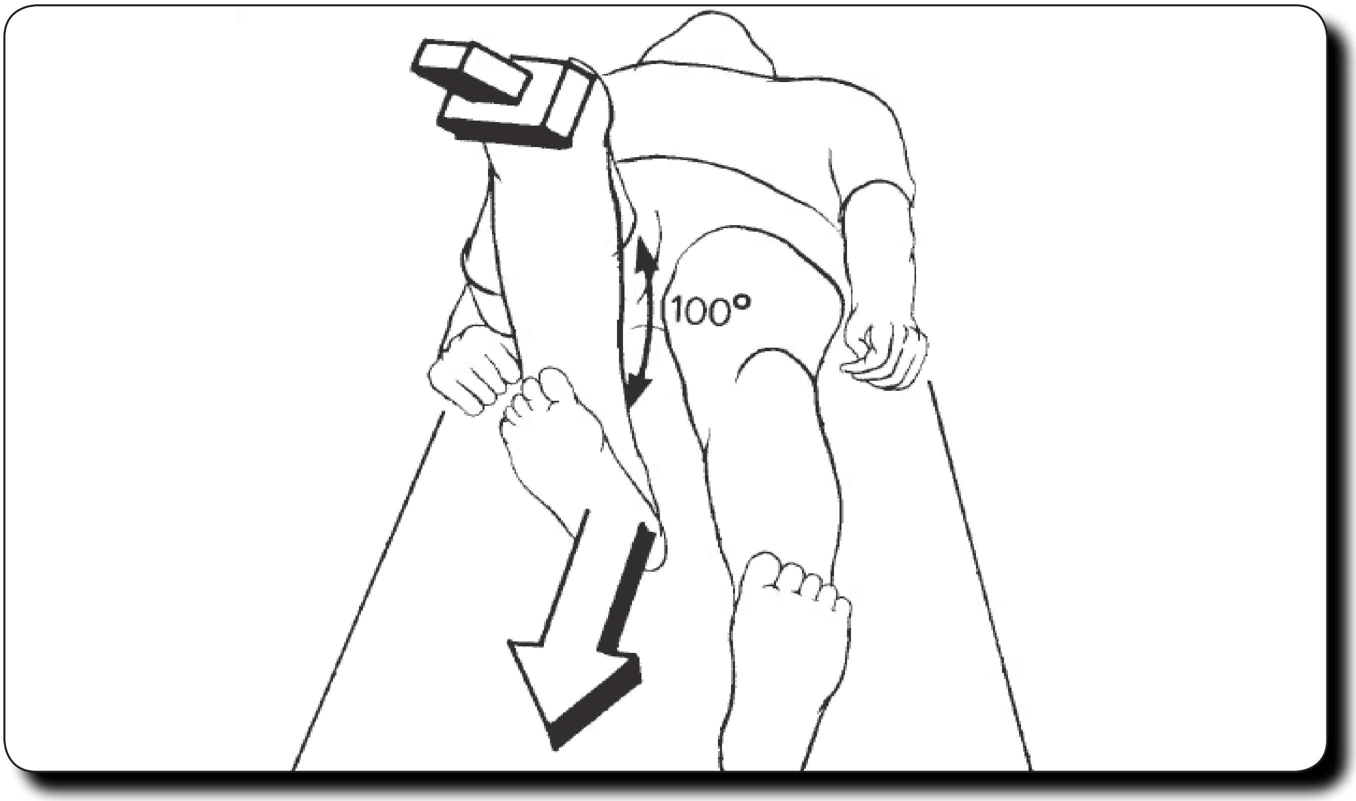
M. M. : S2

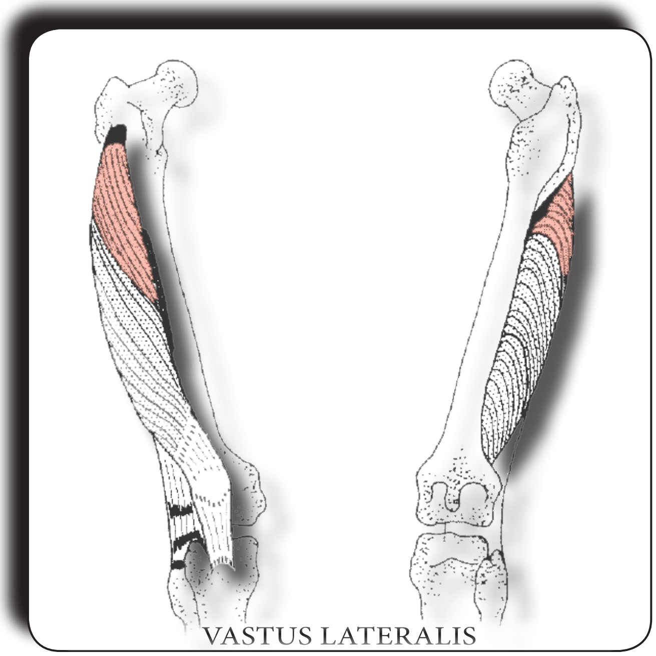
CRANIAL: Internal temporal

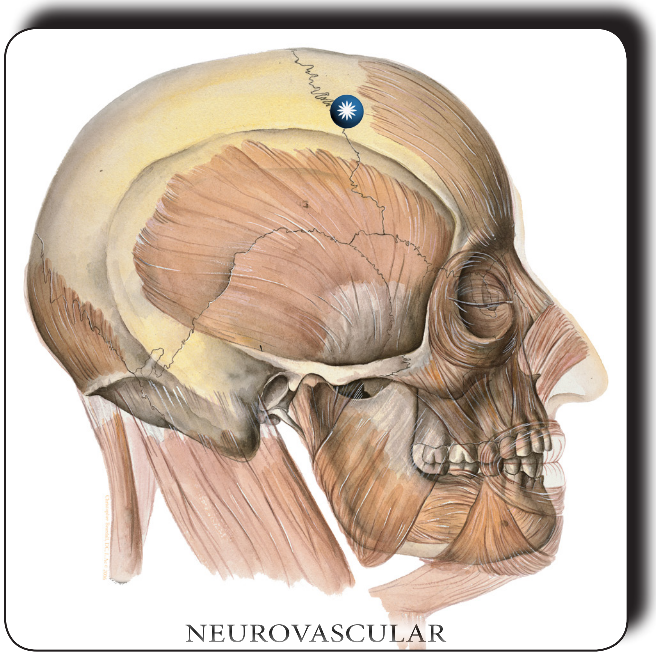
FOOT: Cuboid

NUTRIENT SOURCE: Niacin

1. Core Level Health Reserve (NW)
2. Niacin B6 (NW)
3. B-Complex (NW)
4. Niacinamide-500 (NW)




VASTUS LATERALIS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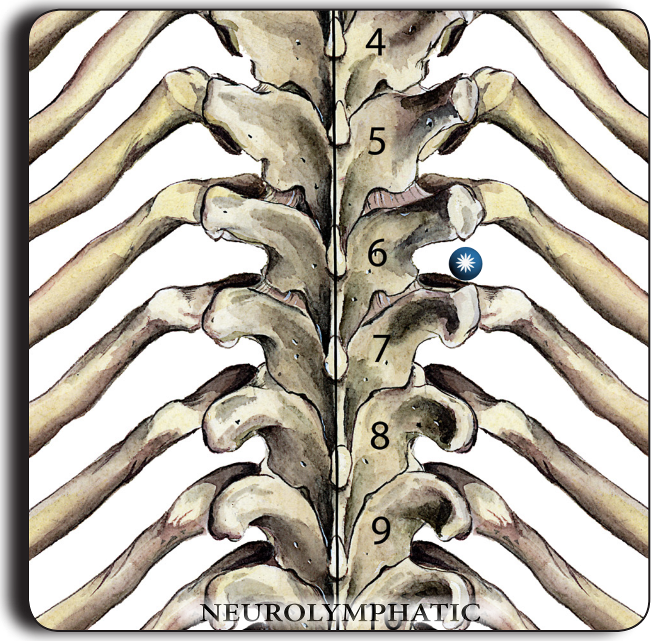
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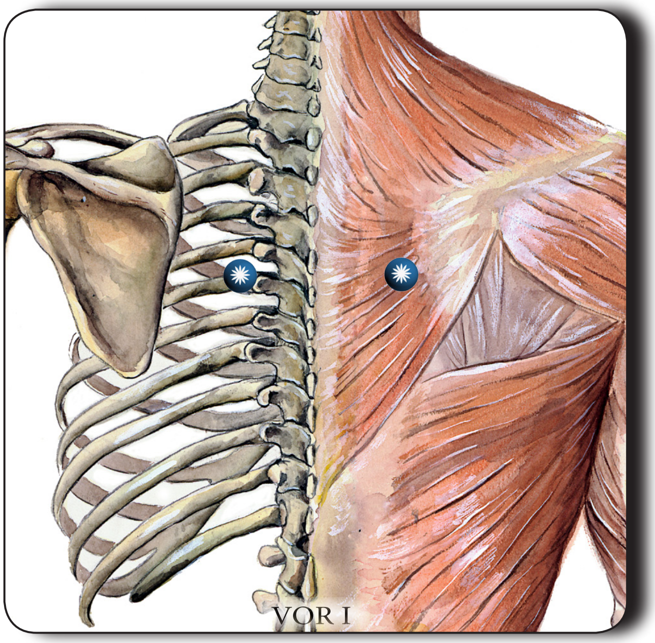
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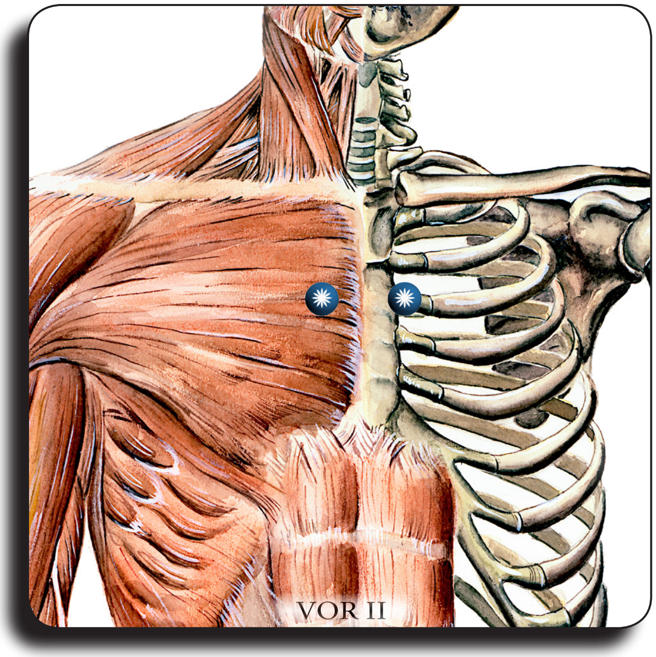
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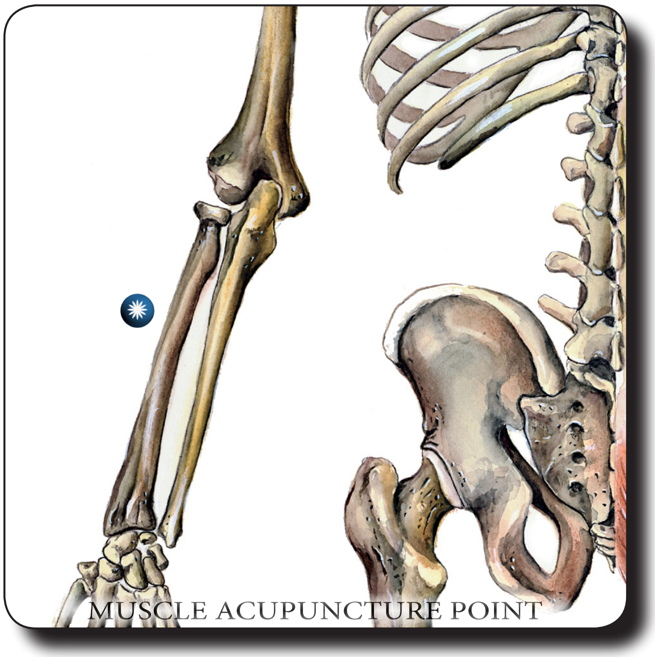

MUSCLE ACUPUNCTURE POINT

Muscle 830: VASTUS LATERALIS, (Superior Division)

ORIGIN: Capsule of hip joint, intertrochanteric line, greater trochanter and lateral upper third of linea aspera of femur.

INSERTION: Lateral collateral ligament, fascial band on lateral posterior superior portion of fibers of Tensor Fascia Lata. NOTE: Fibers run in superior to inferior direction.

ACTION: Extends the knee. Kinetically it acts to stabilize the abduction of the leg.

TEST:

Patient: Supine, flex ipsilateral thigh and knee to place calcaneus level with contralateral knee (65° thigh flexion); abduct tibia 10° lateral and externally rotate ankle.

Doctor: Brace medial side of ipsilateral knee and cup calcaneus, pull medially to adduct tibia and externally rotate femur (pull along plane of table).

NEUROVASCULAR: (Lat) Coronal suture just superior to superior temporal line.

NEUROLYMPHATIC: (Post/R) 6th ICS, paraspinal area between transverse processes.

VISCERAL ORGAN:

I. Thyroid: (Post/BL) 6th costotransverse junction.

II. Thymus: (Ant/BL) 3rd sternochondral junction.

M. A. P. : Li7. 5

V.L. : T6L

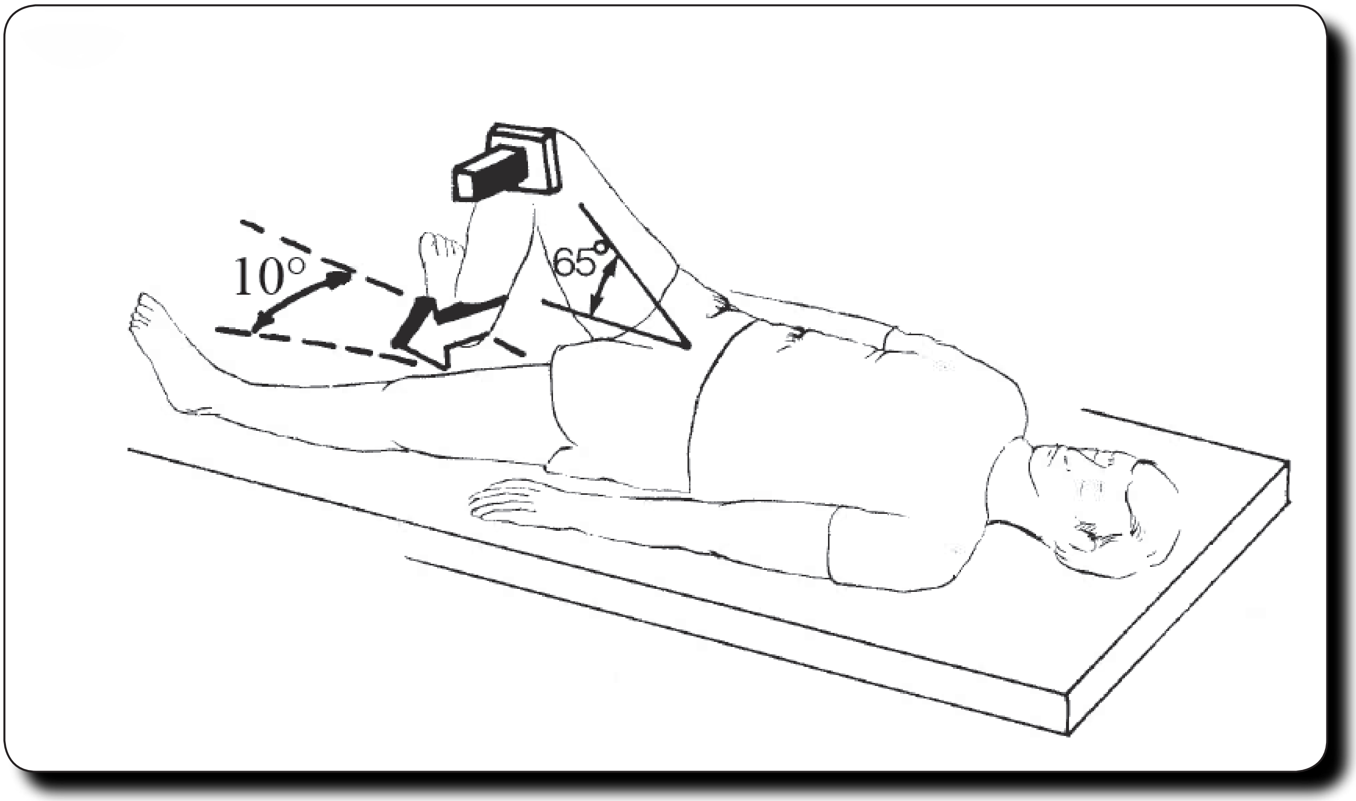
L. B. V.L. : T5L

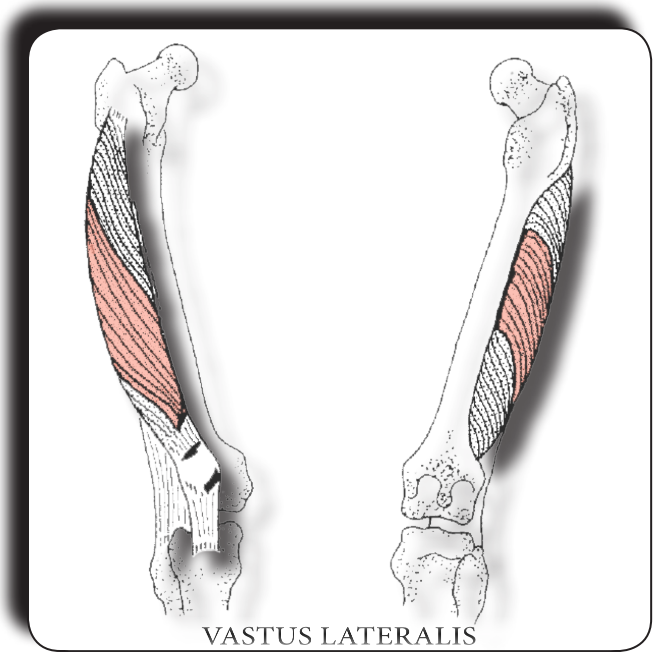
M. M. : L3

CRANIAL: Parietal descent

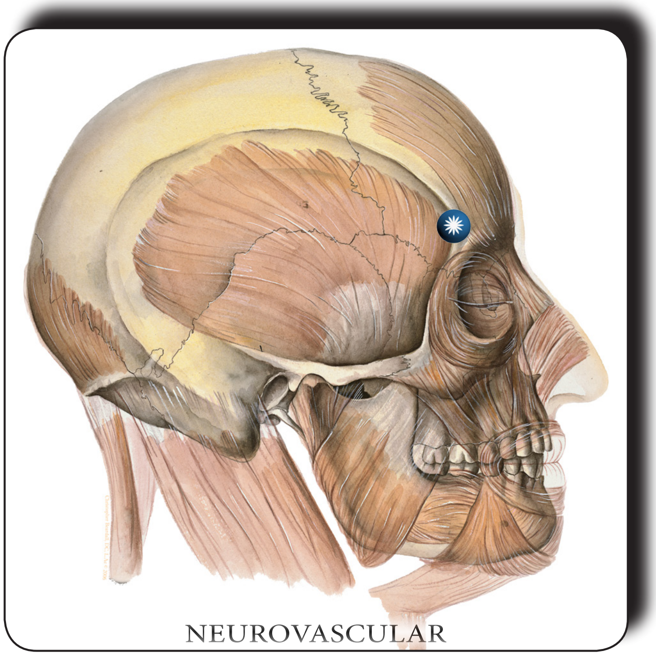
FOOT: Talus

NUTRIENT SOURCE: Iodine
1. Core Level Thyro (NW)





VASTUS LATERALIS



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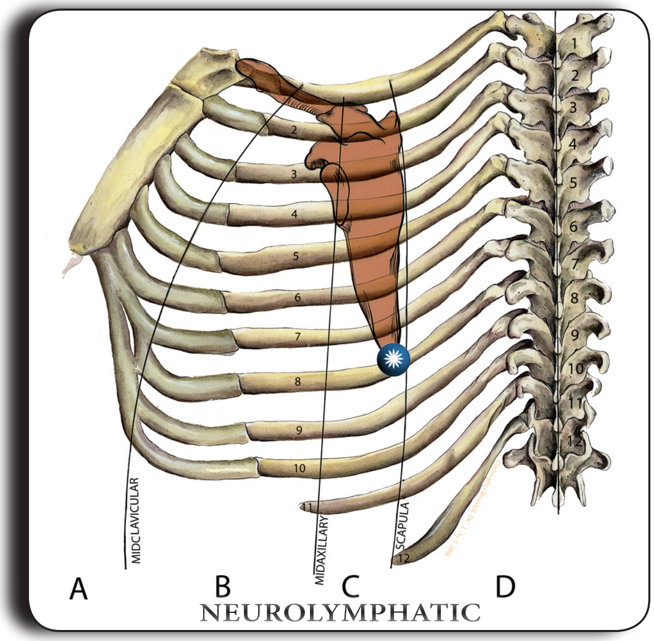
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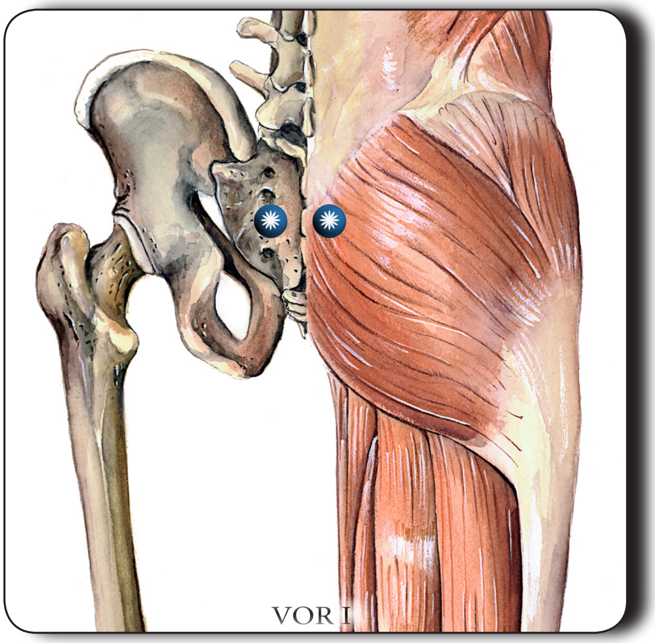

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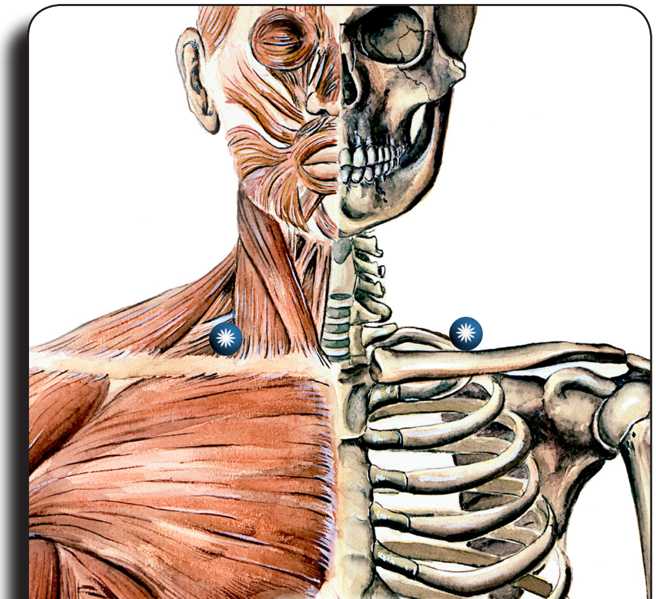

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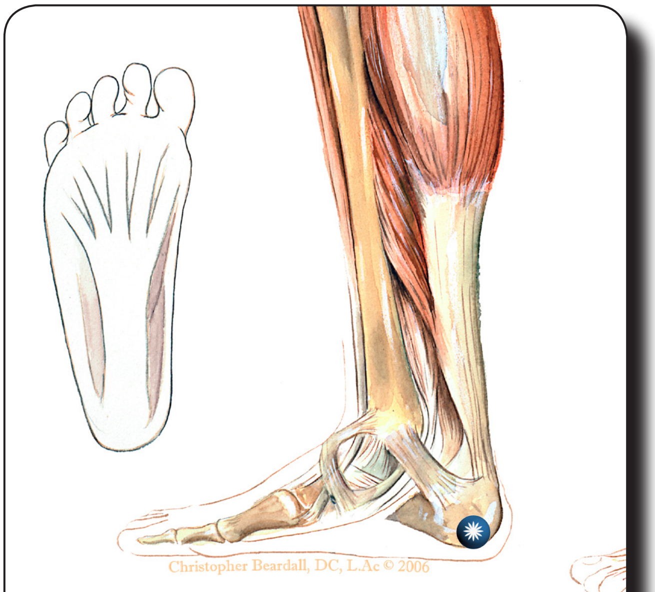

Christopher Beardall, DC, L.Ac © 2006

MUSCLE ACUPUNCTURE POINT

832 VASTUS LATERALIS, (Middle Division)

Muscle 832: VASTUS LATERALIS, (Middle Division)

ORIGIN: Anterior and inferior borders of greater trochanter, lateral middle third of linea aspera and lateral intermuscular septum of femur.

INSERTION: Lateral border of patellar ligament, fascia superior lateral to patella.

ACTION: Extends the knee. Kinetically it acts to stabilize the abduction of the leg.

TEST:

Patient: Supine. Flex ipsilateral thigh and knee to place calcaneus at level of contralateral mid calf (35° thigh flexion); abduct tibia 10° laterally and externally rotate tibia.

Doctor: Brace medial side of ipsilateral knee, cup calcaneus, pull medially to adduct tibia and externally rotate femur (pull along plane of table).

NEUROVASCULAR: (Lat) Frontal bone 1" superior to zygomatic-frontal suture.

NEUROLYMPHATIC: (Post/L) 7th ICS, below apex of scapula.

VISCERAL ORGAN:

I. *Pancreatic Ducts:* (Post/BL) B33 on sacrum lateral to 3rd sacral tubercle.

II. *Submandibular Gland:* (Ant/BL) Li16.75 belly of Omohyoideus muscle superior to clavicle.

M. A. P. : K4

V.L. : C3R

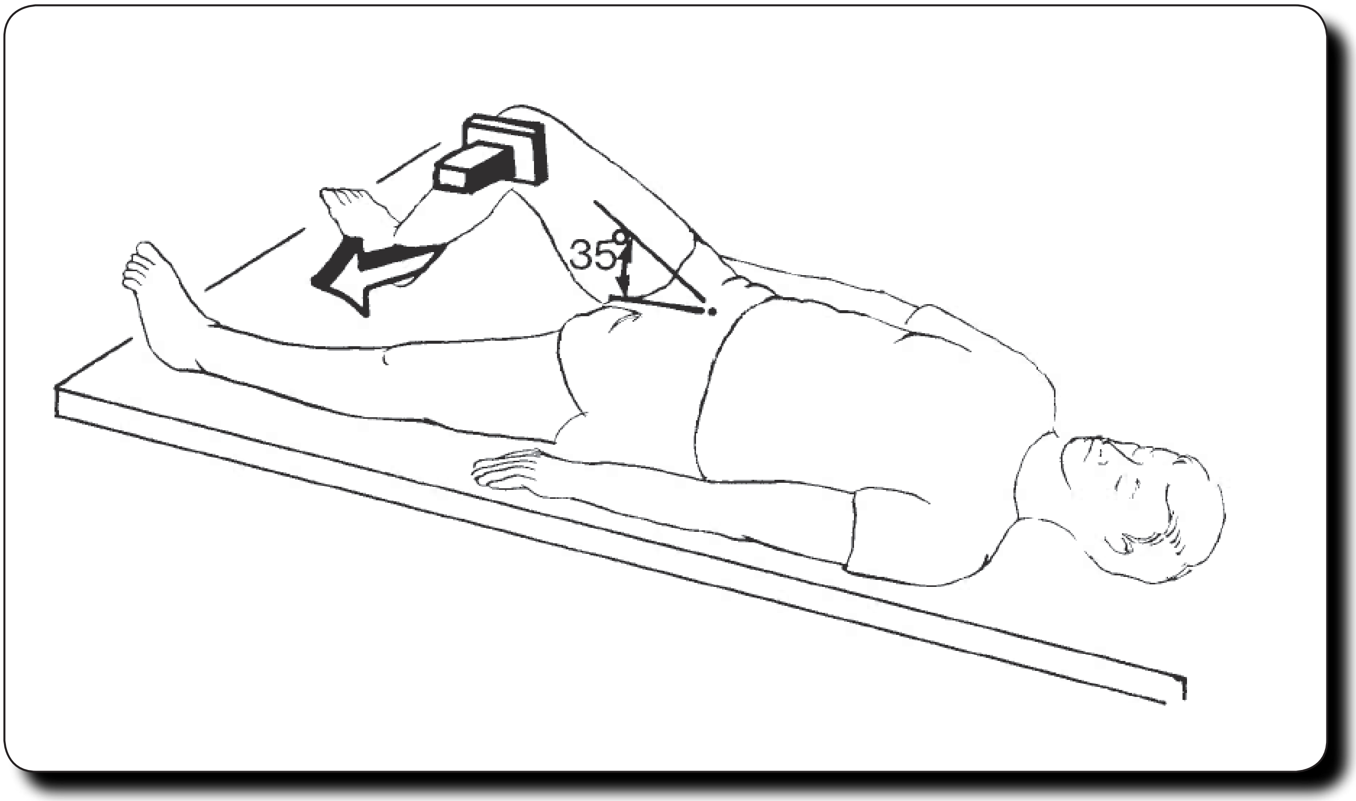
L. B. V.L. : L3R

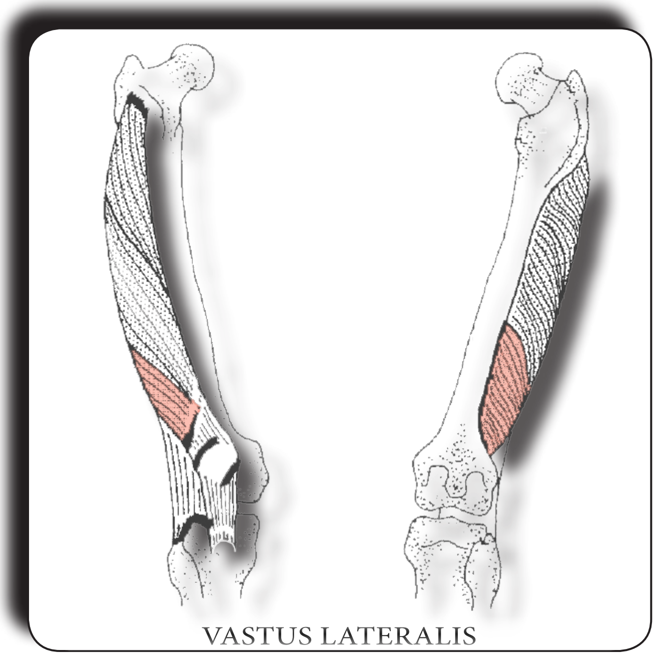
M. M. : L3

CRANIAL: Spheno-basilar flexion

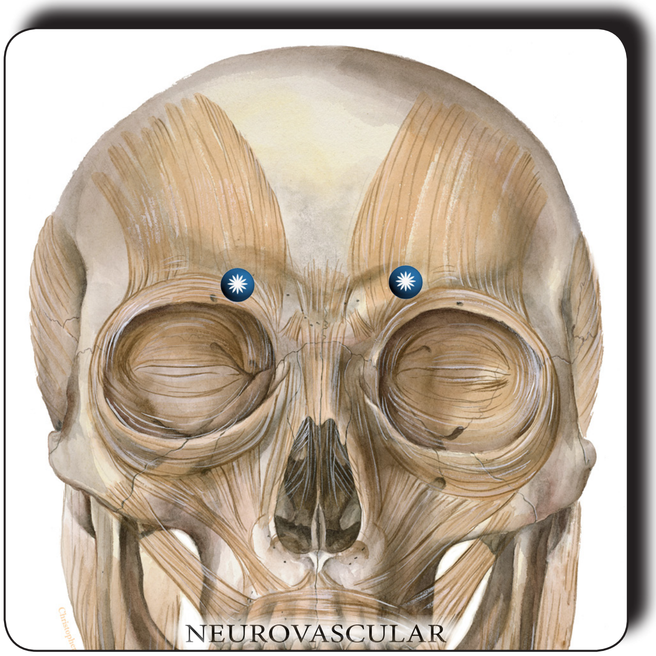
FOOT: In Research

NUTRIENT SOURCE: Sulphur
1. Calcarea Sul. (HP)*
*Homeopathic





VASTUS LATERALIS



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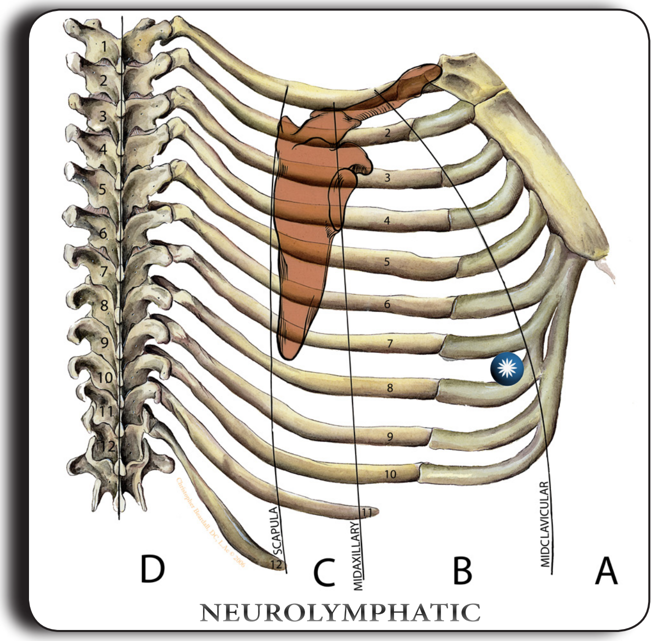
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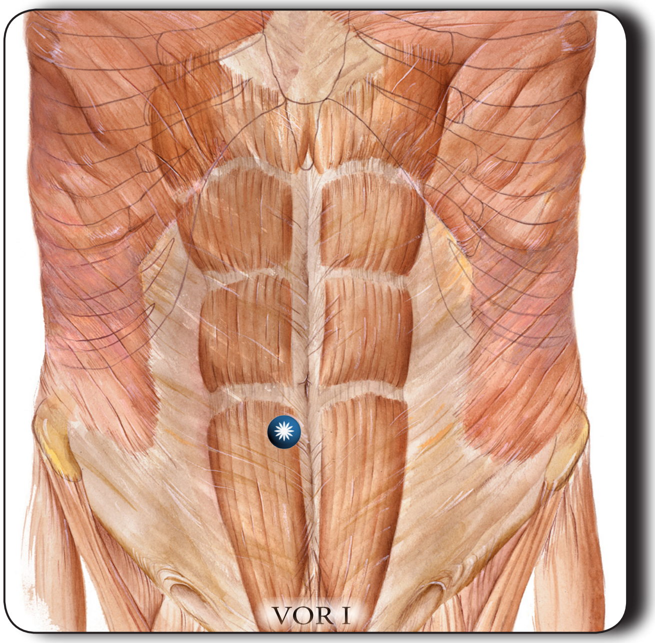
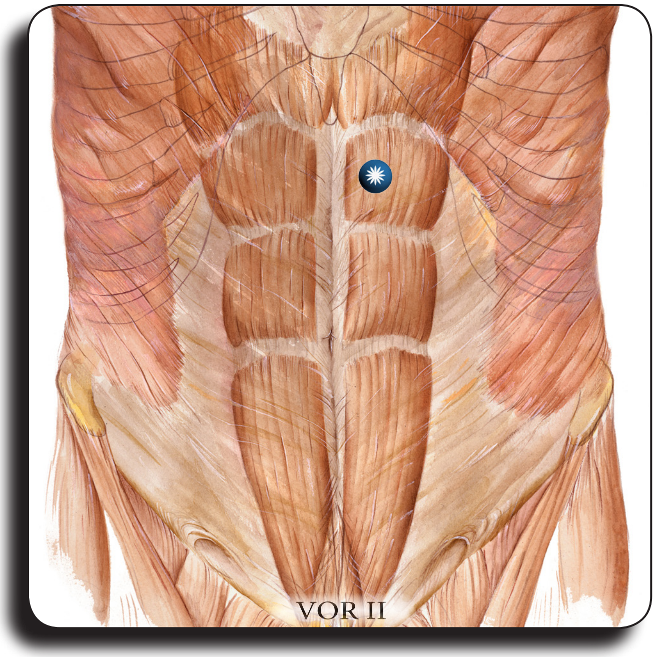
NEUROLYMPHATIC



VOR I



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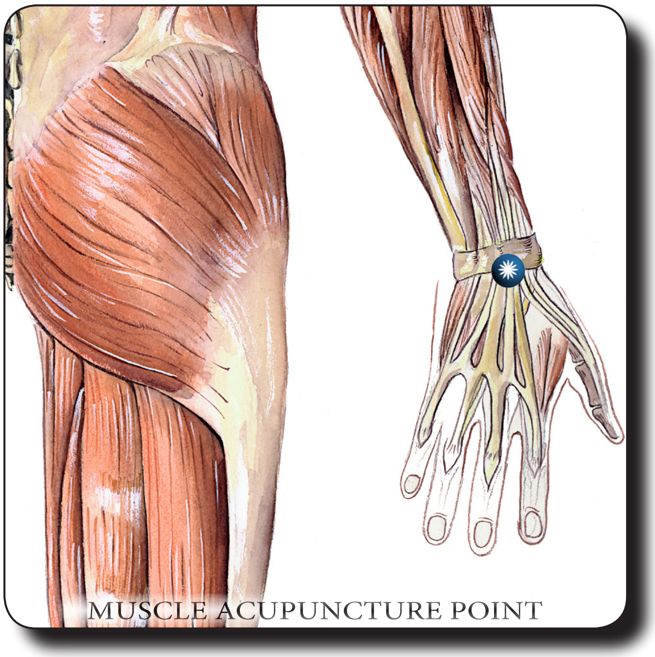


MUSCLE ACUPUNCTURE POINT

Muscle 834: VASTUS LATERALIS, (Lower Division)

ORIGIN: Lower third of linea aspera and intermuscular septum of femur.

INSERTION: Fascial attachment at lateral aspect of fibula, tibia and patellar ligament.

ACTION: Extends the knee. Kinetically it acts to stabilize the abduction of the leg.

TEST:

Patient: Supine, flex ipsilateral thigh and knee to place calcaneus at level of contralateral ankle (20° thigh flexion); abduct tibia 10° laterally and externally rotate ankle.

Doctor: Brace medial side of ipsilateral knee, cup calcaneus, pull medially to adduct tibia and externally rotate femur (pull along plane of table).

NEUROVASCULAR: (Ant/BL) Frontal bone - superior to supraciliary ridge above supraorbital notch.

NEUROLYMPHATIC: (Lat/R) 7th ICS, 1" posterior to costocartilage junction and midclavicular line.

VISCERAL ORGAN:

I. *Ileum:* (Ant/R) - 1" inferior to umbilicus, medial border 1st section Rectus abdominis.

II. *Pancreatic ducts:* (Ant/L) - 3rd section Rectus abdominis near insertion and 1" lateral to linea alba at K20.

M. A. P. : Tw4

V.L. : T7R

L. B. V.L. : T4R

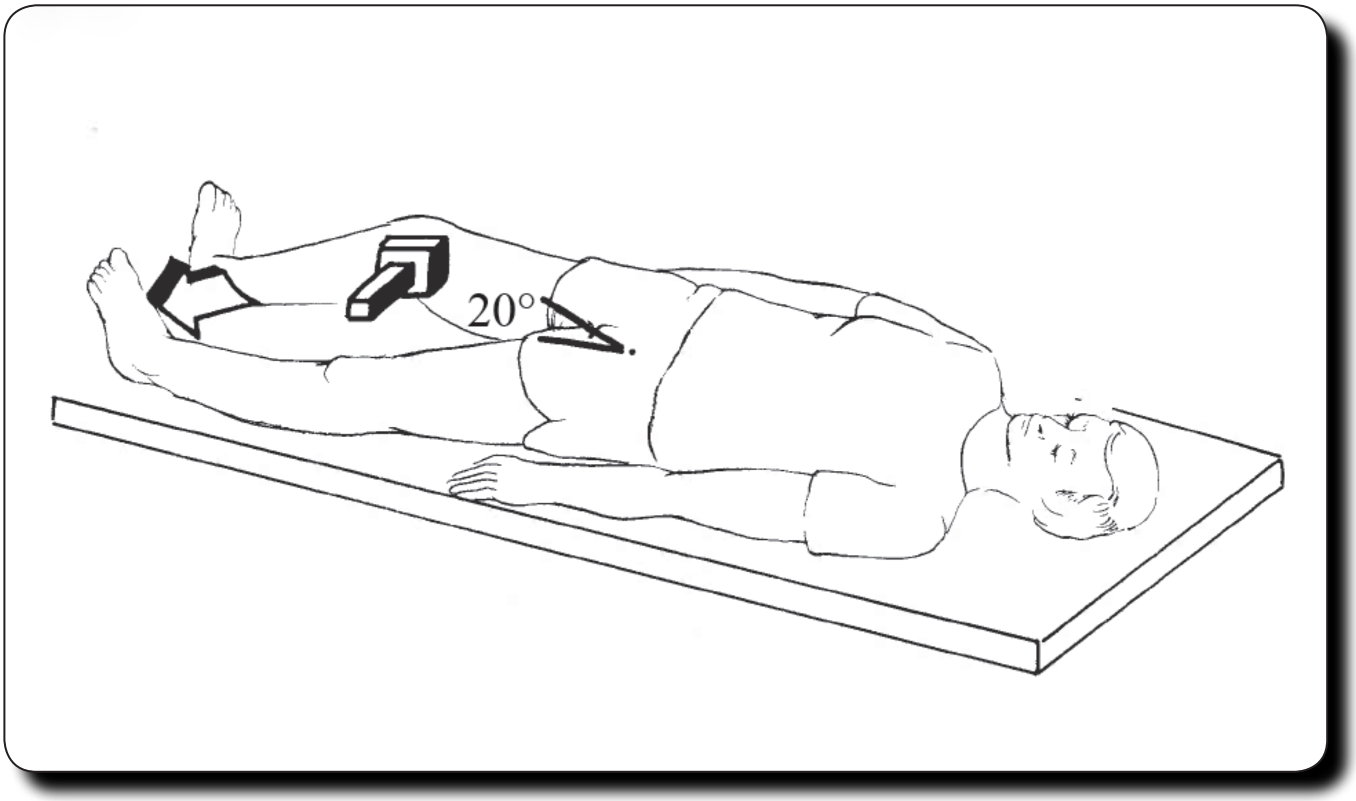
M. M. : L2

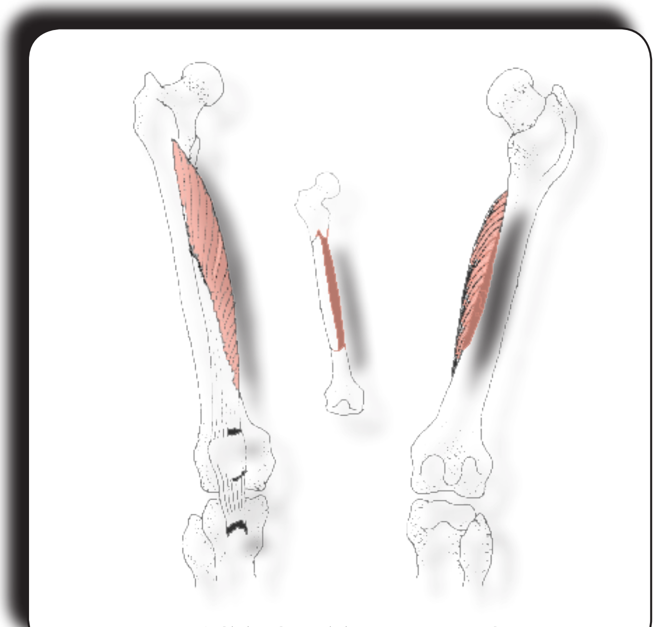
CRANIAL: Parietal bulge

FOOT: Talus

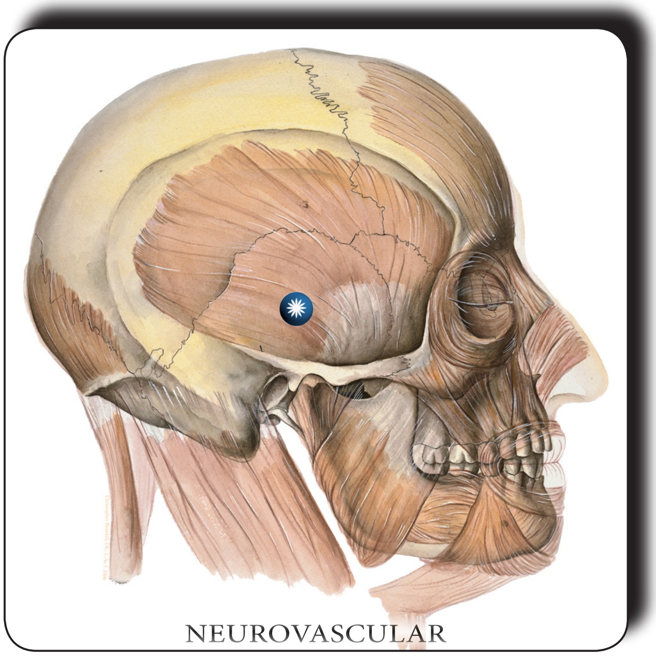
NUTRIENT SOURCE: Vitamin D

1. Vitamin D (NW)
2. Core Bone Matrix (NW)

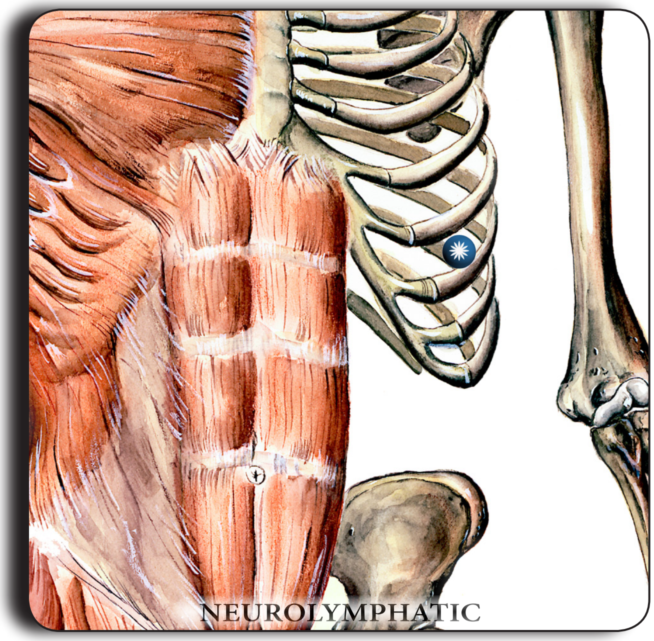




VASTUS INTERMEDIUS



NEUROVASCULAR



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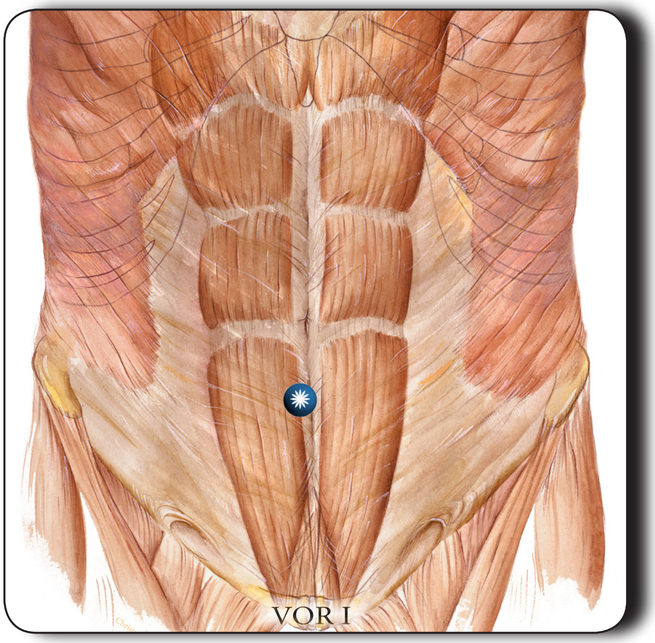

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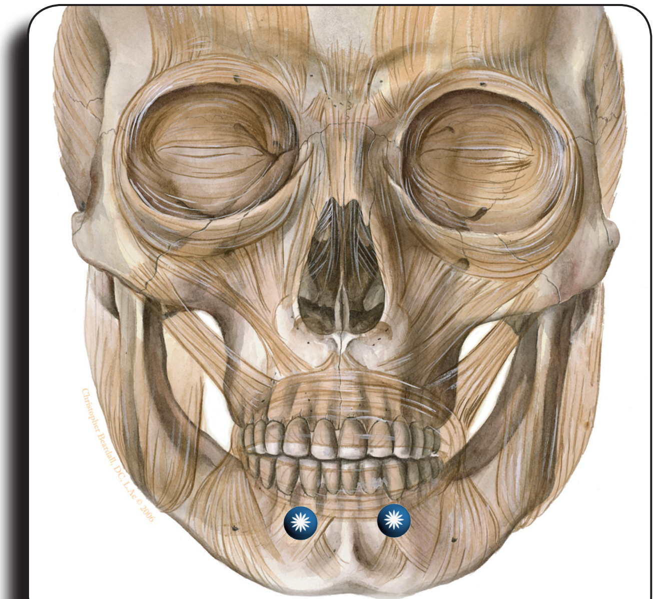

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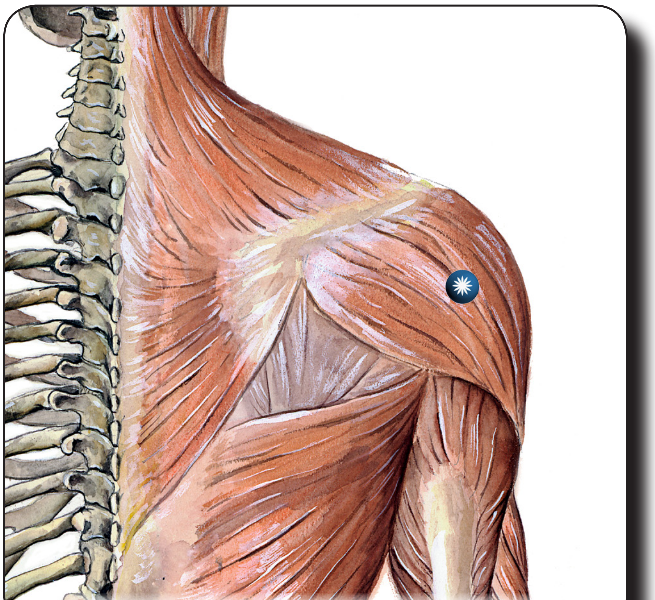


MUSCLE ACUPUNCTURE POINT

Muscle 836: VASTUS INTERMEDIUS, (Medial Division)

ORIGIN: Medial half of upper two-thirds of anterior medial surface of femur.

INSERTION: Quadriceps tendon to patella and patellar ligament to tibia.

ACTION: Extends the knee.

TEST:

Patient: Supine, flex ipsilateral hip and knee to 80° and internally rotate tibia.

Doctor: Brace ipsilateral proximal tibia, contact above ankle and flex knee through sagittal plane.

NEUROVASCULAR: (Lat) Temporal bone 1" superior to ear.

NEUROLYMPHATIC: (Ant/L) 7th ICS, 1" lateral to midclavicular line.

VISCERAL ORGAN:

I. Ileum: (Ant/R) 2-3" below umbilicus, medial border 1st section Rectus abdominis.

II. Parotid gland: (Ant/BL) Mandible 1" lateral to Cv24.

M. A. P. : Tw13.5

V.L. : L5R

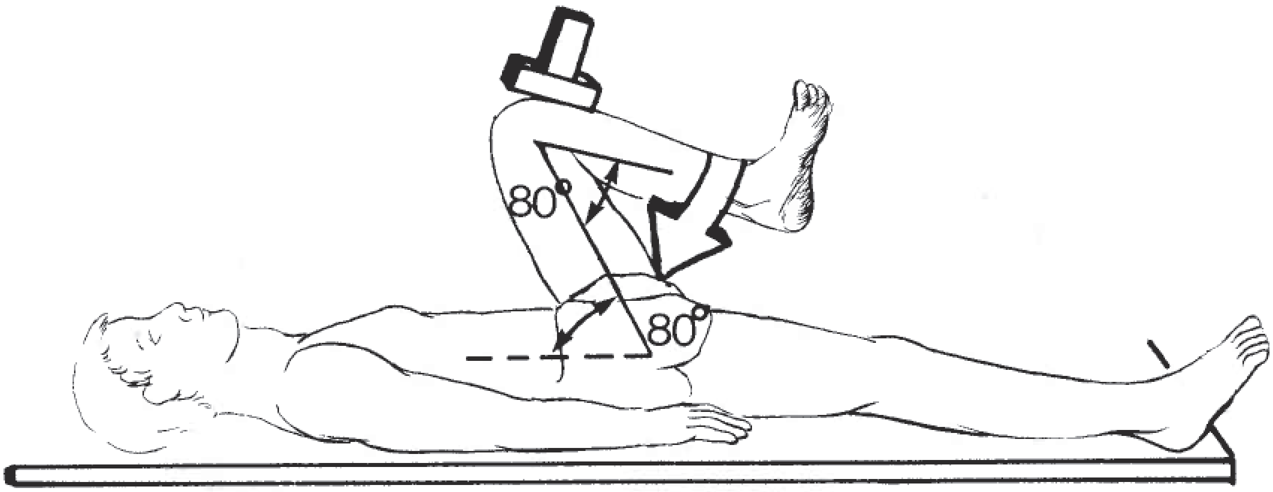
L. B. V.L. : C1R

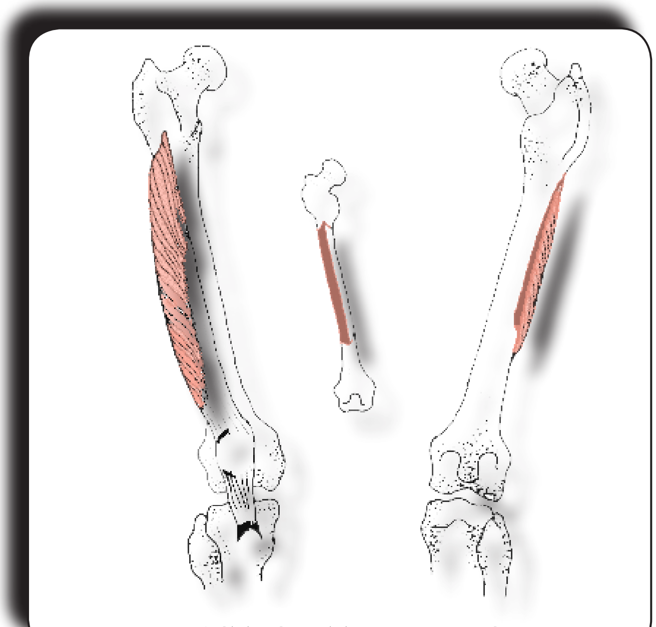
M. M. : L4

CRANIAL: Lacrimal

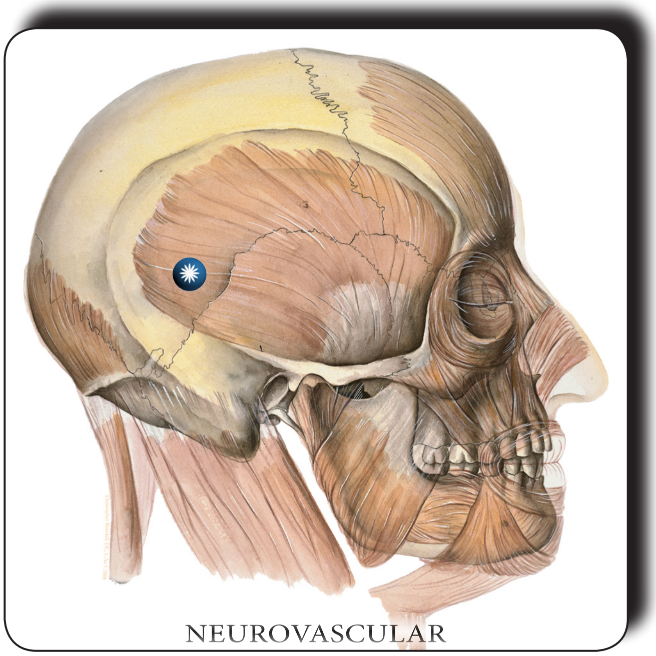
FOOT: 2nd proximal phalanx

NUTRIENT SOURCE: Calcium chloride
1. Core Level Calcium (NW)





VASTUS INTERMEDIUS



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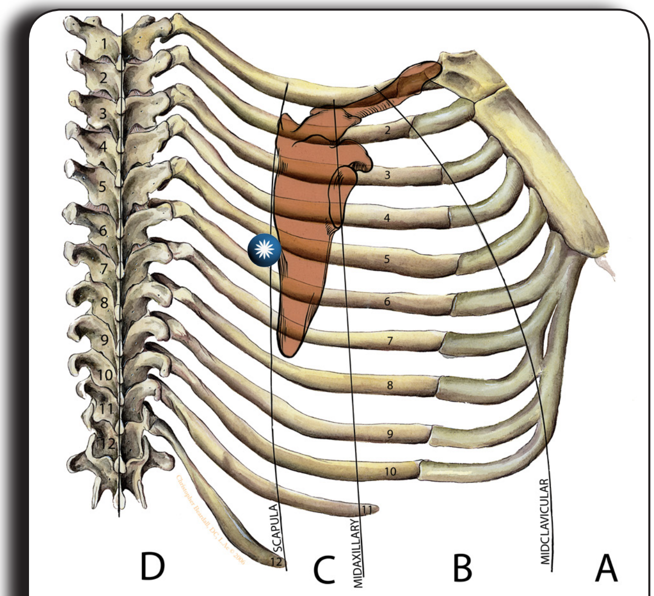
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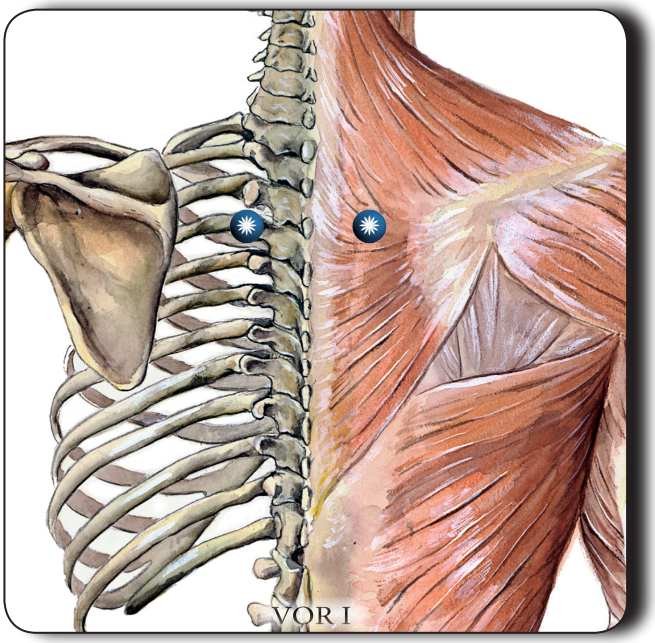
NEUROLYMPHATIC



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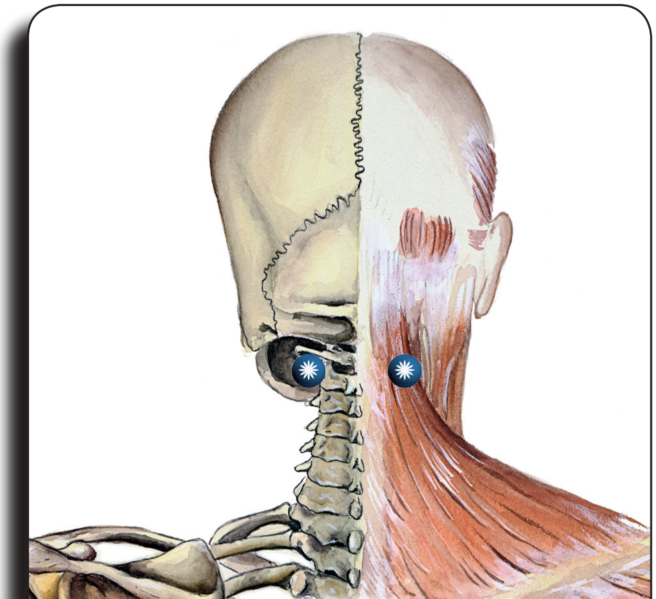

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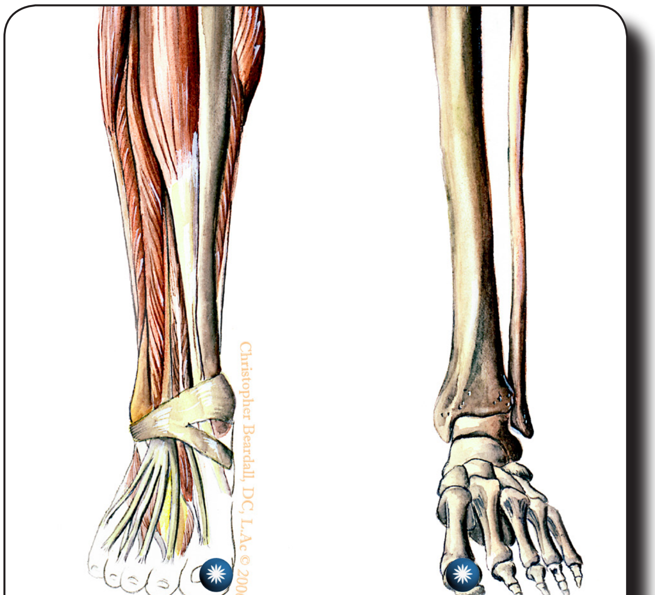

Christopher Beardall, DC, L.Ac © 2006

MUSCLE ACUPUNCTURE POINT

Muscle 838: VASTUS INTERMEDIUS, (Lateral Division)

ORIGIN: Lateral surface of upper two-thirds anterior surface of femur from greater trochanter, lateral supracondylar line and lateral intermuscular septum.

INSERTION: Quadriceps tendon to patella and patellar tendon to tibia.

ACTION: Extends the knee.

TEST:

Patient: Supine, flex ipsilateral hip and knee to 80° and externally rotate tibia.

Doctor: Brace ipsilateral proximal tibia, contact above ankle and flex knee through sagittal plane.

NEUROVASCULAR: (Lat) Parietal bone - 3" superior and 2" posterior to ear.

NEUROLYMPHATIC: (Post/R) 5th ICS, at vertebral border of scapula.

VISCERAL ORGAN:

I. Tonsils: (Post/BL) 4th costotransverse junction.

II. Sublingual Glands: (Post/BL) B10, posterior surface of Axis transverse process.

M. A. P. : Sp1

V.L. : T3R

L. B. V.L. : T8R

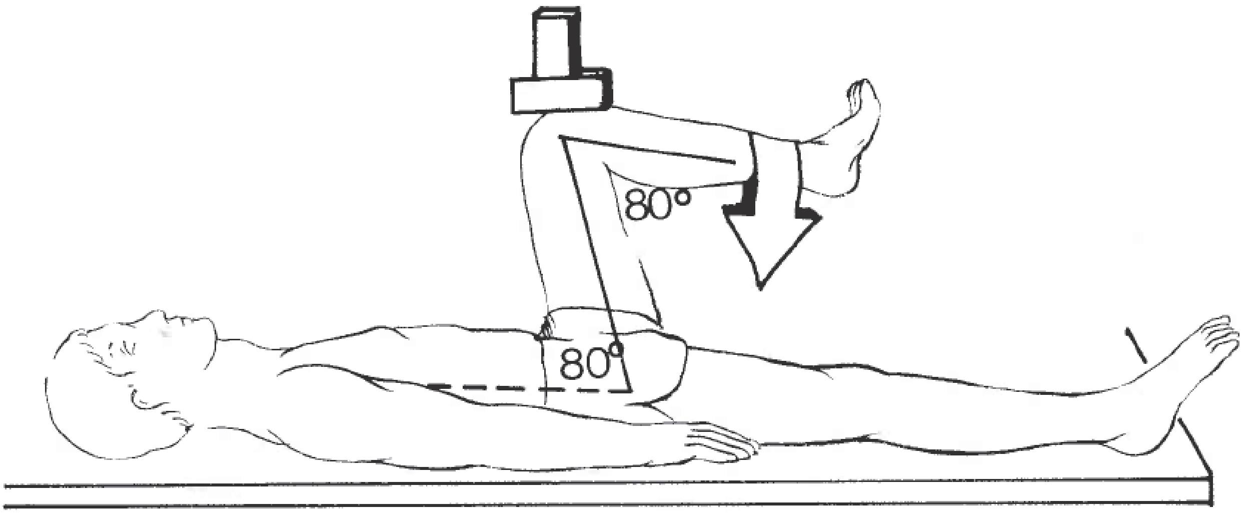
M. M. : L4

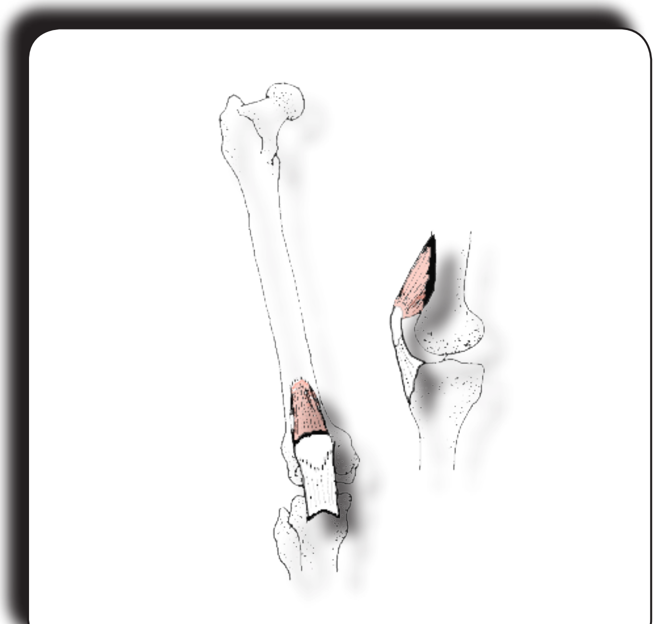
CRANIAL: Internal temporal

FOOT: Cuboid

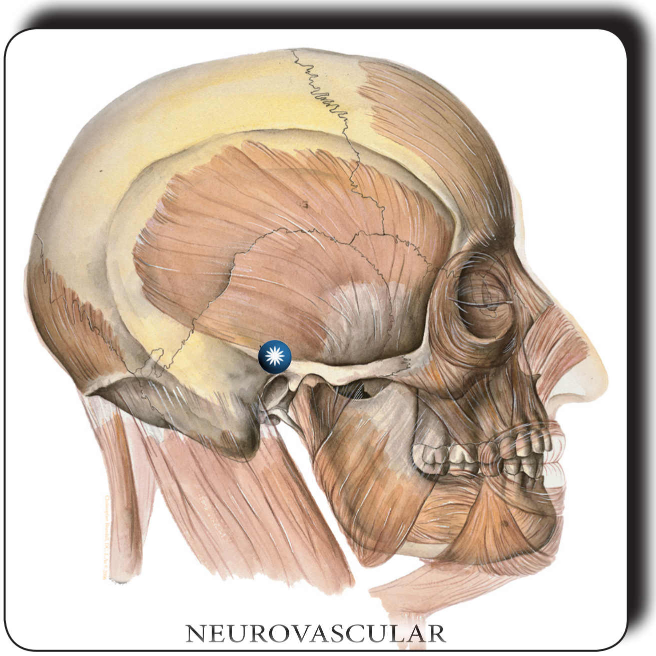
NUTRIENT SOURCE: Phosphorus

1. Phos-Drops (NW)





ARTICULARIS GENU



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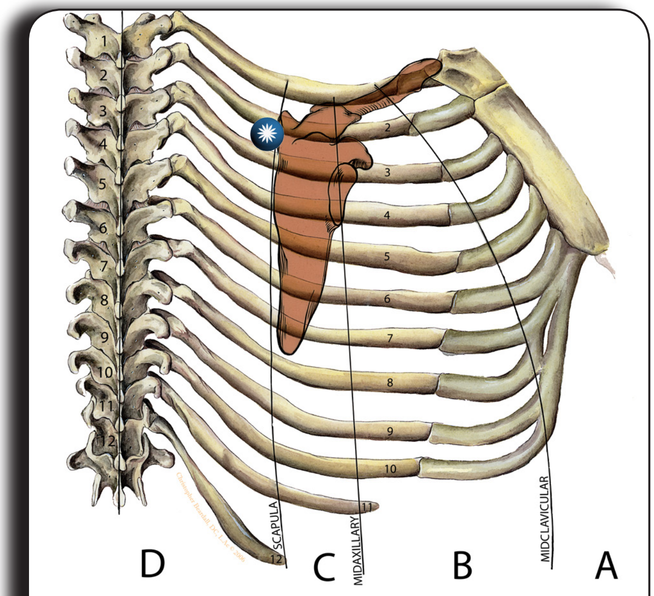
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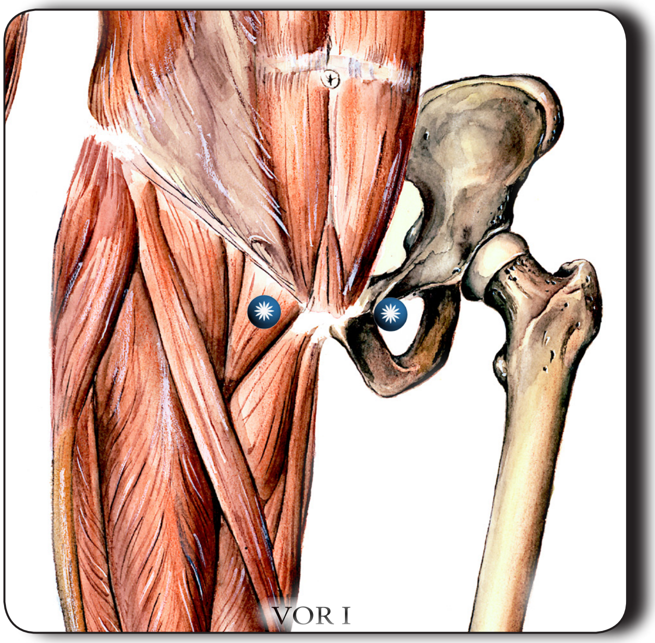
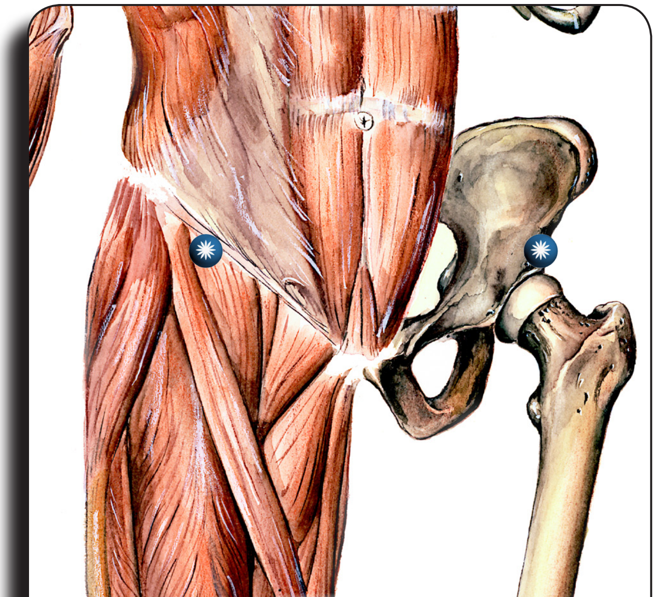
NEUROLYMPHATIC



VOR I



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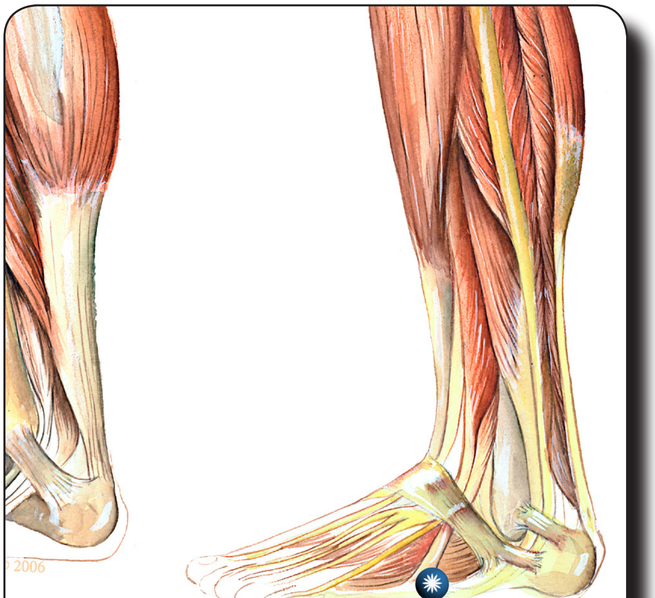


MUSCLE ACUPUNCTURE POINT

Muscle 840: ARTICULARIS GENU

ORIGIN: Anterior surface of lower part of femur above patella.

INSERTION: Upper part of suprapatellar bursa of knee joint and lateral inferior surface of patella.

ACTION: Lift the capsule of the knee joint.

TEST:

Patient: Supine, flex ipsilateral hip and knee to 60° with no rotation of tibia.

Doctor: Brace ipsilateral proximal tibia, contact above ankle and flex knee through sagittal plane as patient attempts to lift at ankle.

NEUROVASCULAR: (Lat) Temporal bone, immediately superior to ear.

NEUROLYMPHATIC: (Post/R) 2nd ICS, at vertebral border of scapula.

VISCERAL ORGAN:

I. Ovaries/Testicles: (Ant/BL) belly of Pectineus 1" lateral and 1" inferior to pubes.

II. Adrenals: (Ant/BL) Anterior superior lip of acetabulum.

M. A. P. : B63

V.L. : C4L

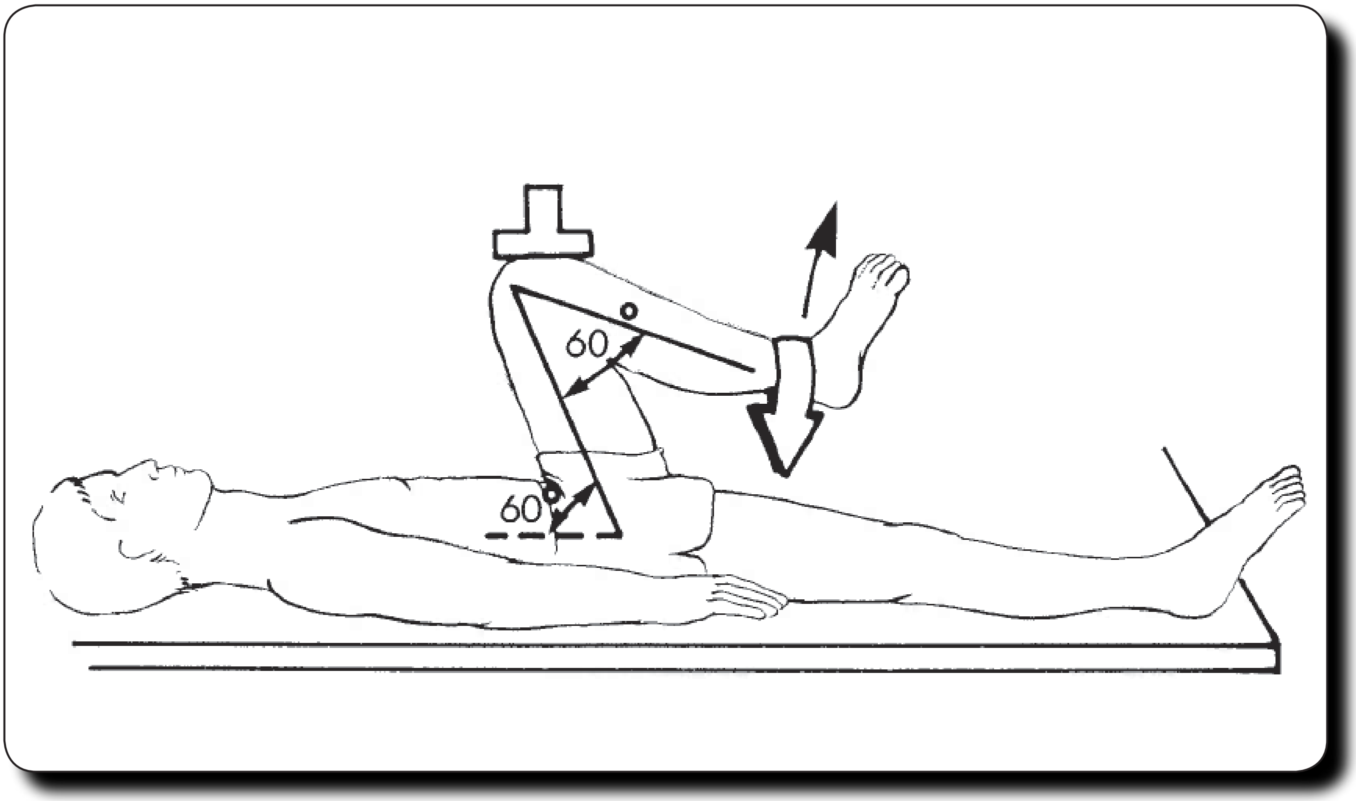
L. B. V.L. : L2L

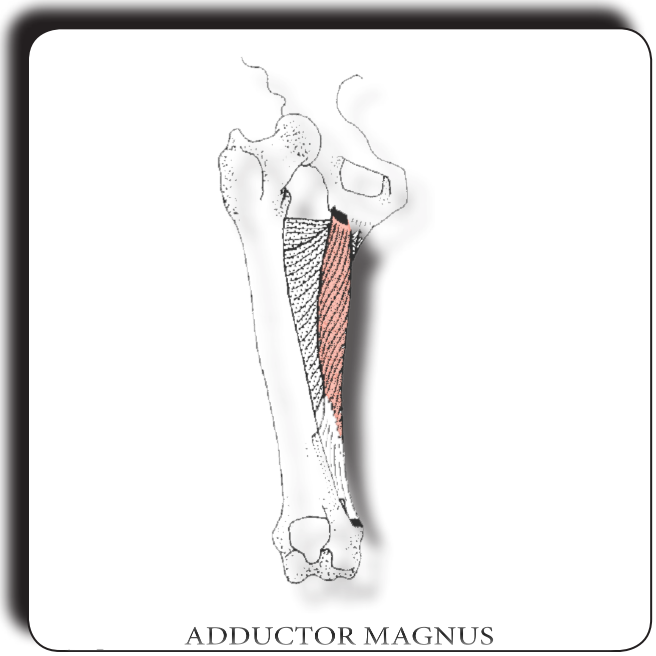
M. M. : L3

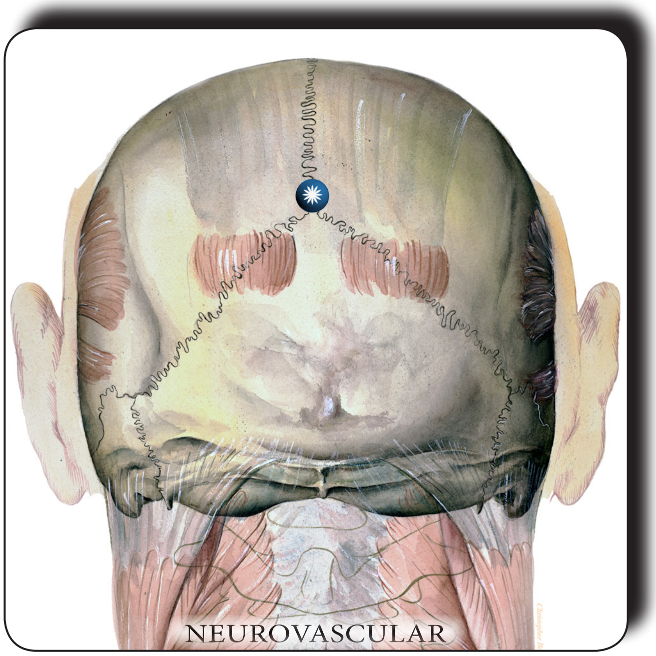
CRANIAL: Occiput lateral rocker

FOOT: In Research

NUTRIENT SOURCE: Choline
1. GH-Choline (NW)
2. Core Level Bile (NW)




ADDUCTOR MAGNUS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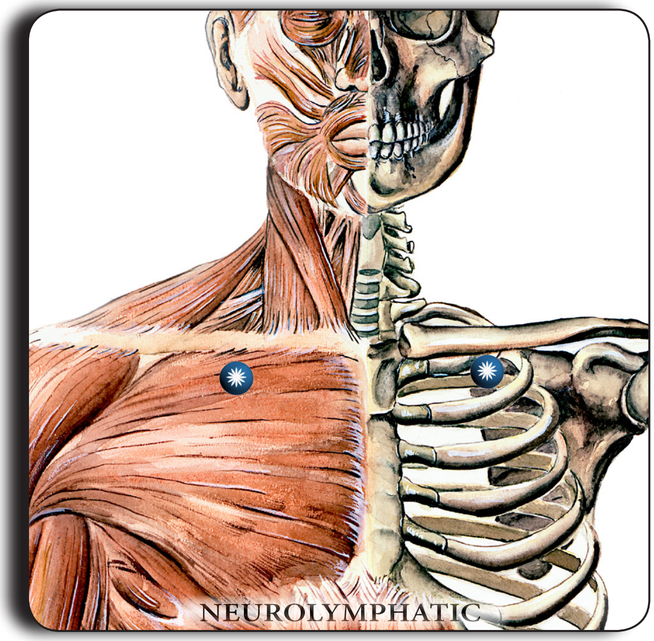
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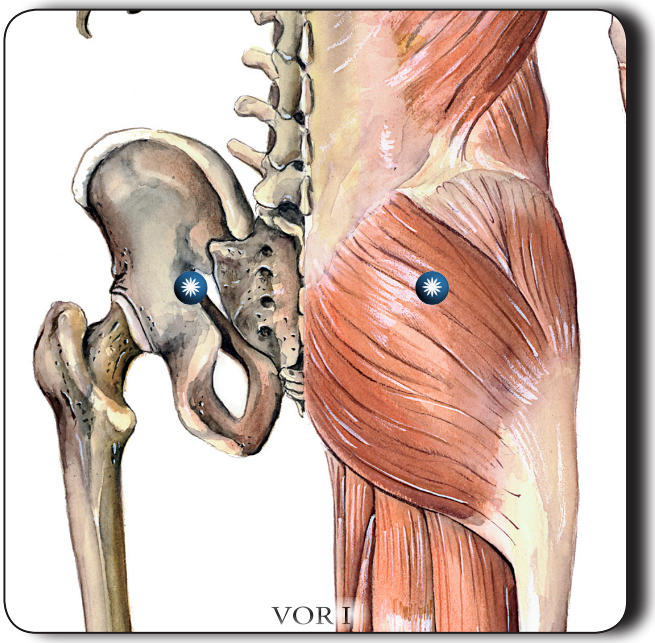
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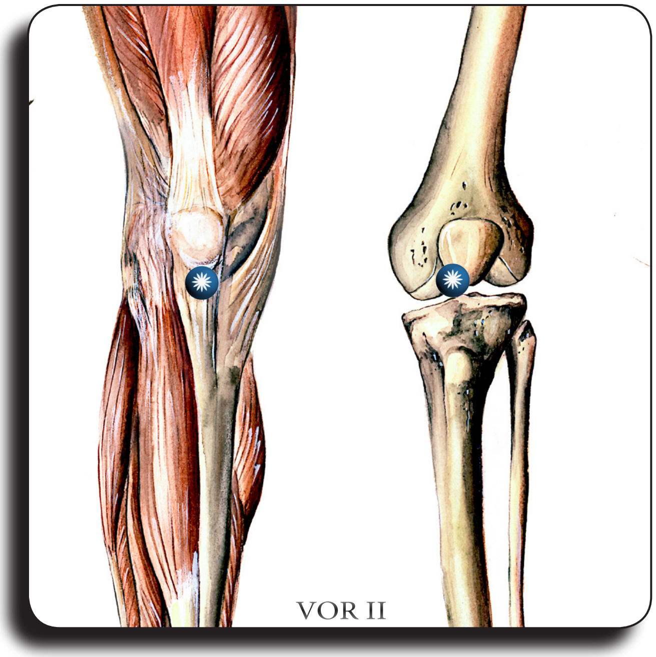
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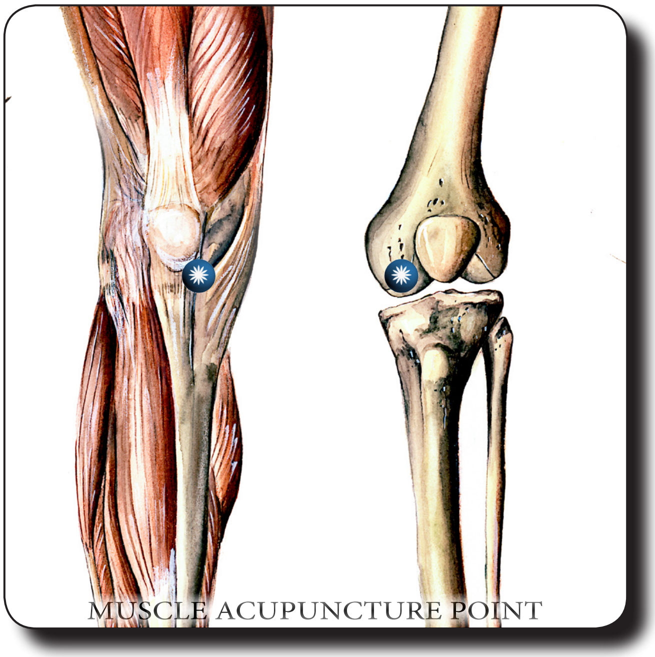

MUSCLE ACUPUNCTURE POINT

842 ADDUCTOR MAGNUS, (Vertical Fibers)

Muscle 842: ADDUCTOR MAGNUS, (Vertical Fibers)

ORIGIN: Ischial tuberosity.

INSERTION: Adductor tubercle on medial surface of femur.

ACTION: Adduction and extension of the femur.

TEST:

Patient: Prone, straight leg, heels together; externally rotate ipsilateral thigh.

Doctor: Brace contralateral tibia, contact ipsilateral tibia above ankle and extend thigh through sagittal plane.

NEUROVASCULAR: (Post/Midline) Just anterior to posterior fontanel.

NEUROLYMPHATIC: (Ant/BL) 1st ICS, 2" lateral to sternum.

VISCERAL ORGAN:

I. Prostate/Uterus: (Post/BL) Posterior ilium 4" lateral, 1-2" inferior to PSIS at B48.

II. Bladder: (Ant/BL) Patellar tendon just inferior and medial to patella.

M. A. P. : XL2- medial to patella on medial condyle of femur

V.L. : T2L

L. B. V.L. : T9L

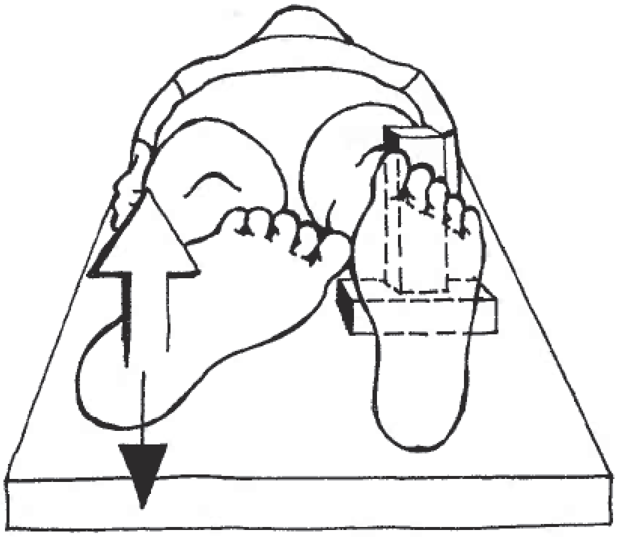
M. M. : L4

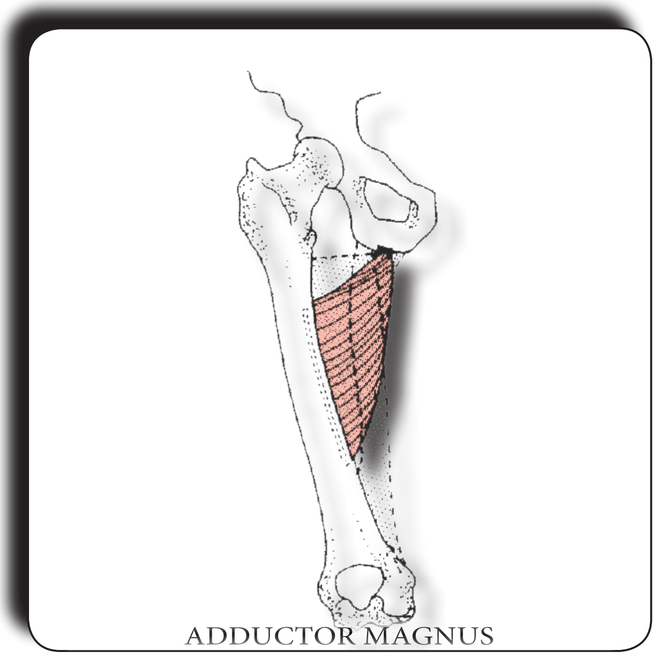
CRANIAL: Maxillary medial-lateral.

FOOT: 2nd metatarsal

NUTRIENT SOURCE: Magnesium

1. Core Level Magnesium (NW)

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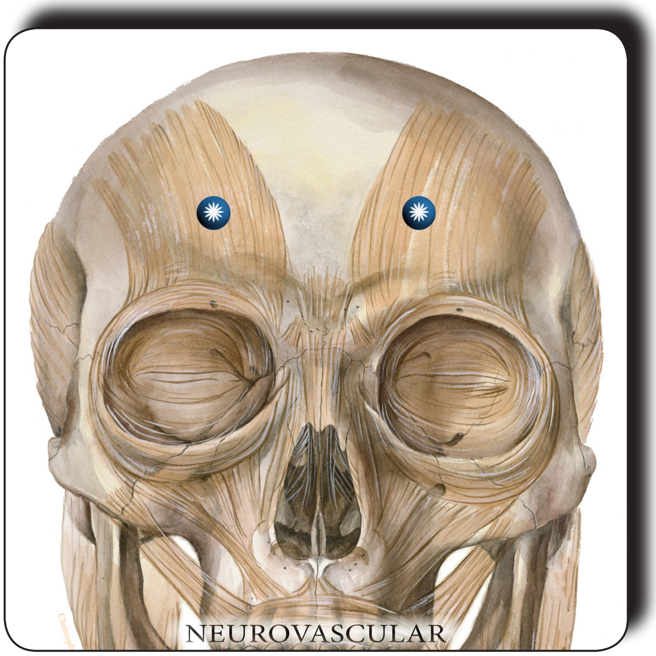
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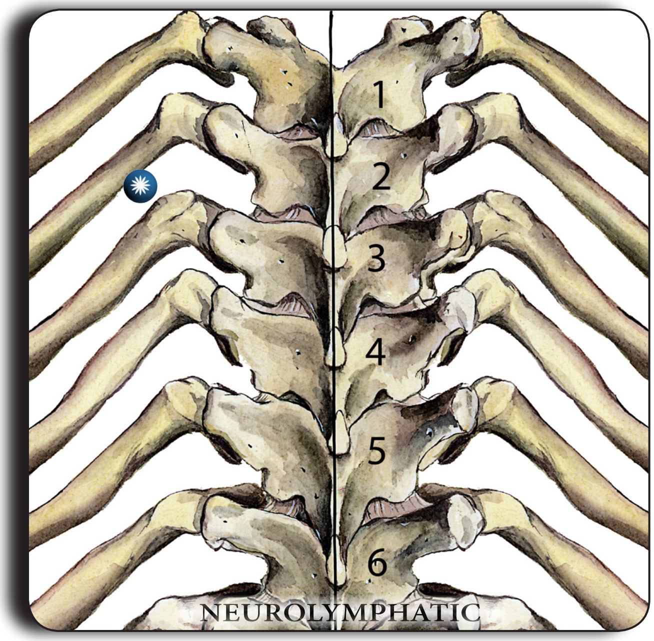
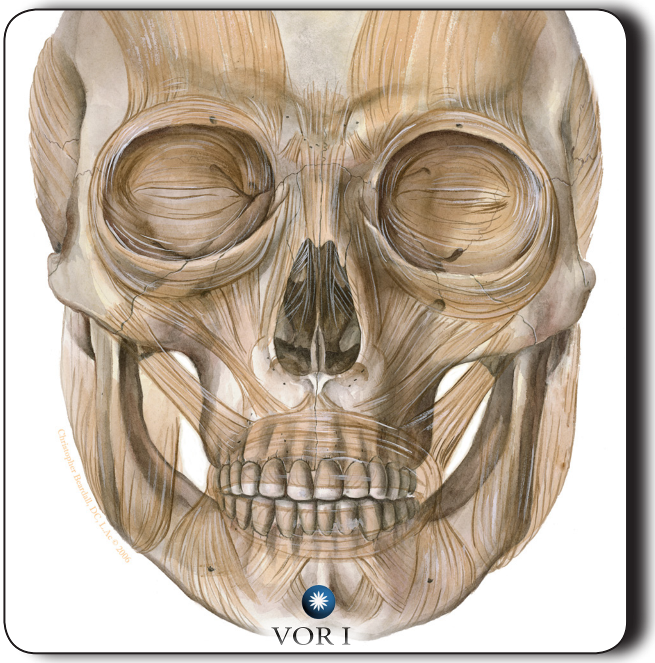
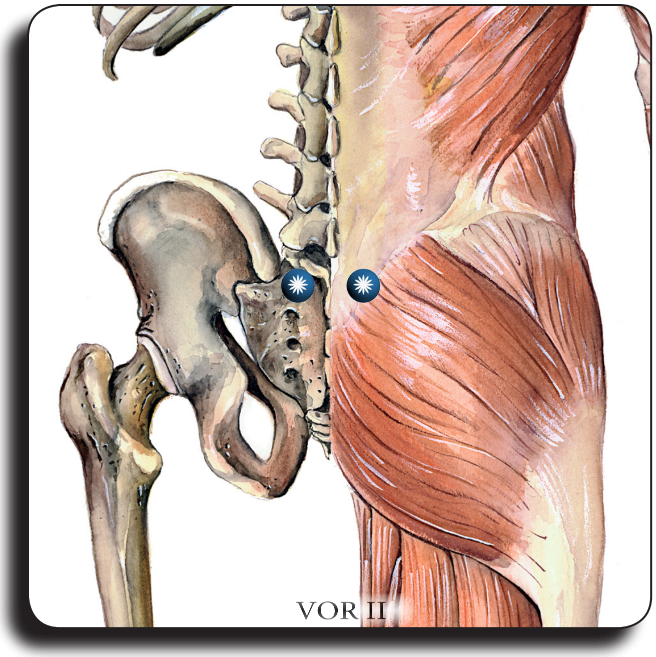


NEUROLYMPHATIC


VOR I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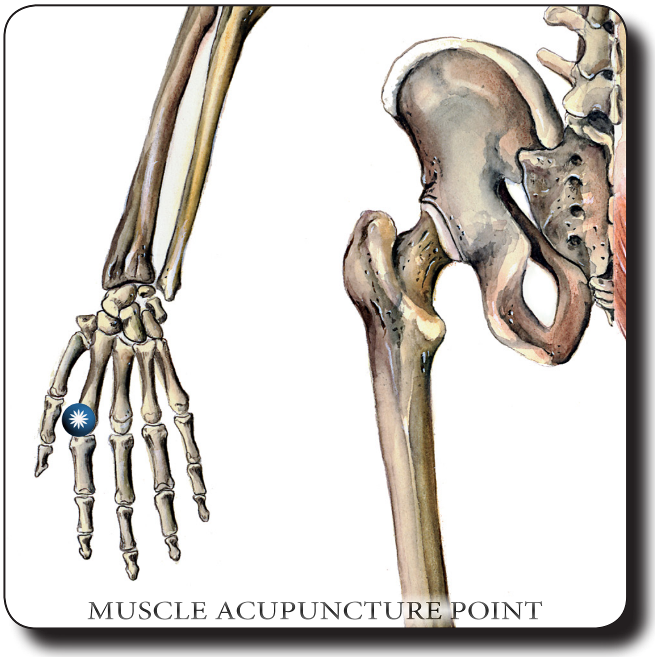

MUSCLE ACUPUNCTURE POINT

844 ADDUCTOR MAGNUS, (Oblique Fibers)

Muscle 844: ADDUCTOR MAGNUS, (Oblique Fibers)

ORIGIN: Ramus of ischium.

INSERTION: Broad aponeurosis into linea aspera of femur.

ACTION: Adduction, extension, external rotation of the femur.

TEST:

Patient: Prone, straight leg, heels together, externally rotate ipsilateral thigh.

Doctor: Brace contralateral tibia, contact under ipsilateral tibia above ankle and abduct leg along plane of table (coronal plane), keeping thigh slightly extended.

NEUROVASCULAR: (Ant/BL) Frontal bone - superior to frontal prominence halfway to hairline.

NEUROLYMPHATIC: (Post/L) 2nd ICS between transverse processes T2- T3.

VISCERAL ORGAN:

I. Anterior Pituitary: (Ant) On mandible below Cv24 on the mental protuberance.

II. Broad Ligament: (Post/BL) B31, lateral to 2nd sacral tubercle.

M. A. P. : Li3

V.L. : C2R

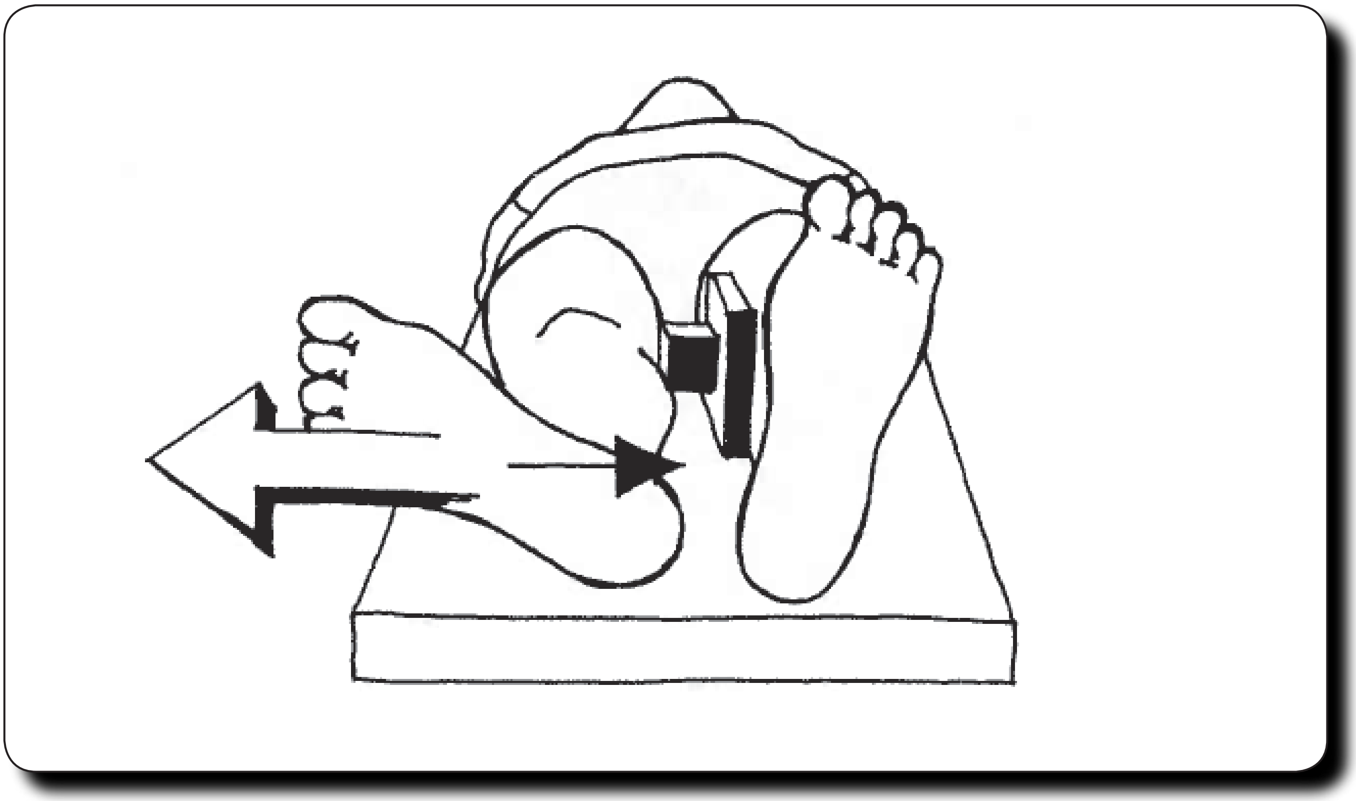
L. B. V.L. : L4R

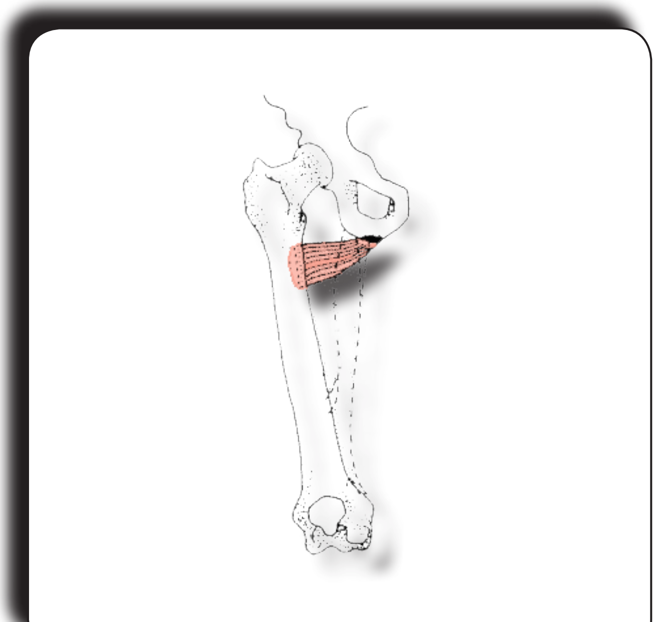
M. M. : L3

CRANIAL: Sphenoid

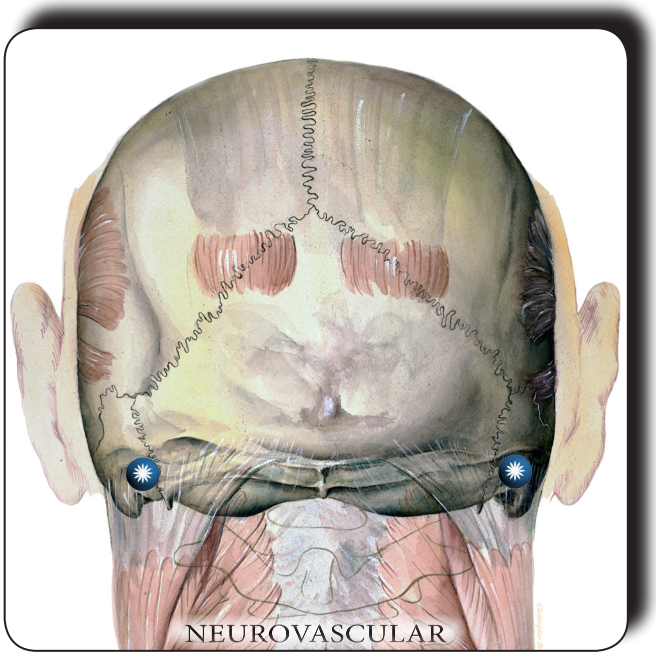
FOOT: 3rd cuneiform

NUTRIENT SOURCE: Pantothenic acid
1. Pantothenic Acid B-5 (NW)
2. B Complex (NW)





ADDUCTOR MINIMUS



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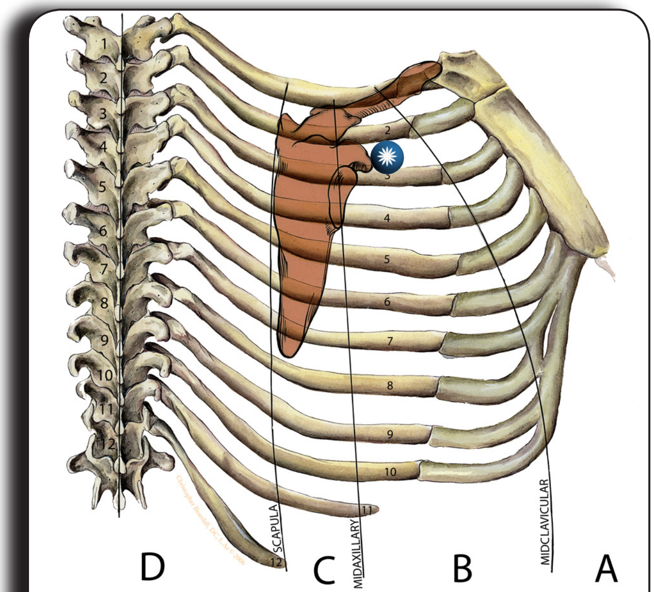
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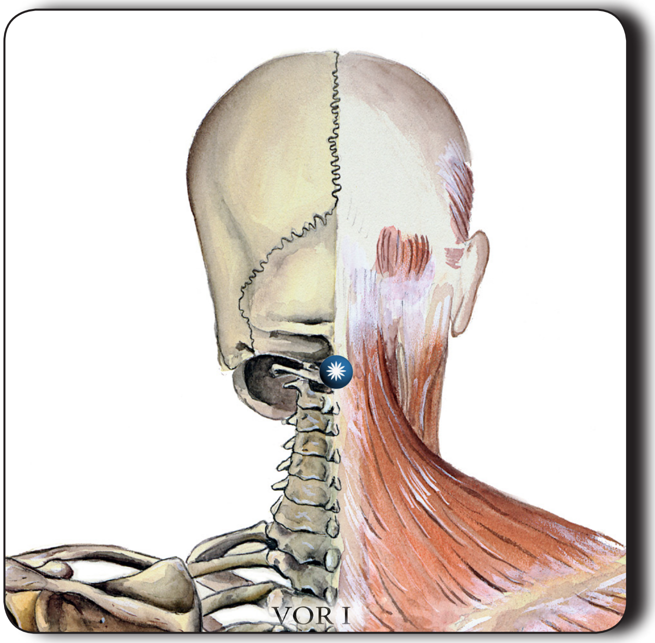
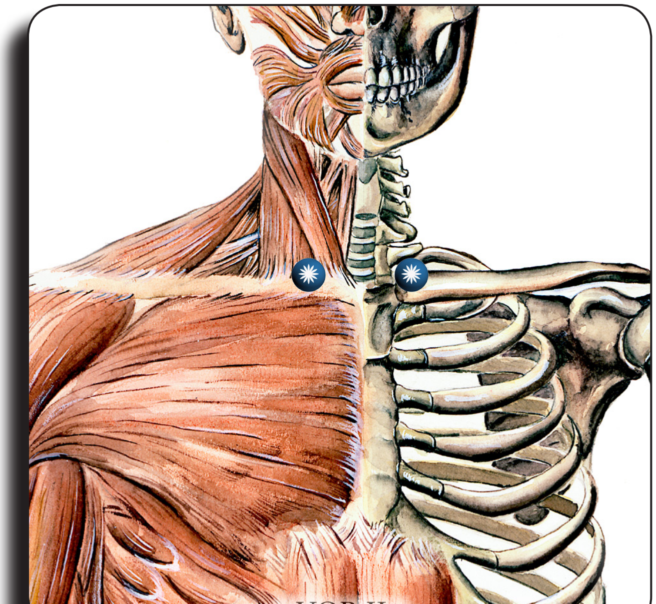
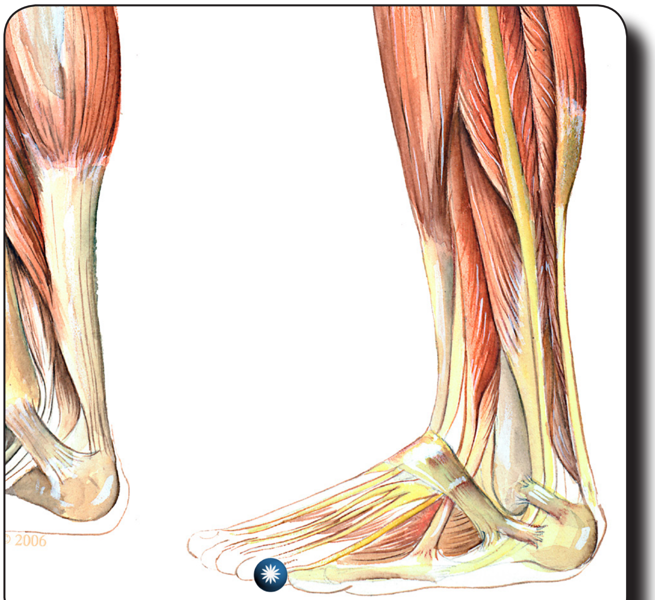


VOR I



VOR II



MUSCLE ACUPUNCTURE POINT

Muscle 846: ADDUCTOR MINIMUS, (Transverse Fibers of Adductor Magnus)

ORIGIN: Inferior ramus of pubes.

INSERTION: Rough line of femur from greater trochanter to linea aspera medial to Gluteus maximus insertion.

ACTION: Externally rotates the femur.

TEST:

Patient: Prone, flex ipsilateral knee 90° and adduct thigh slightly across midline (knees together).

Doctor: Brace contralateral ilium, contact medial side of ipsilateral tibia and pull laterally to internally rotate femur.

NEUROVASCULAR: (Post/BL) Temporal bone - posterior inferior portion of mastoid process.

NEUROLYMPHATIC: (Ant/R) 2nd ICS, 4-5" lateral to sternum.

VISCERAL ORGAN:

I. *Nose:* (Post) Gv16 , base of occiput above atlas.

II. *Thyroid:* (Ant/BL) St11, origin of sternocleidomastoideus muscle.

M. A. P. : G44

V.L. : T10R

L. B. V.L. : T1R

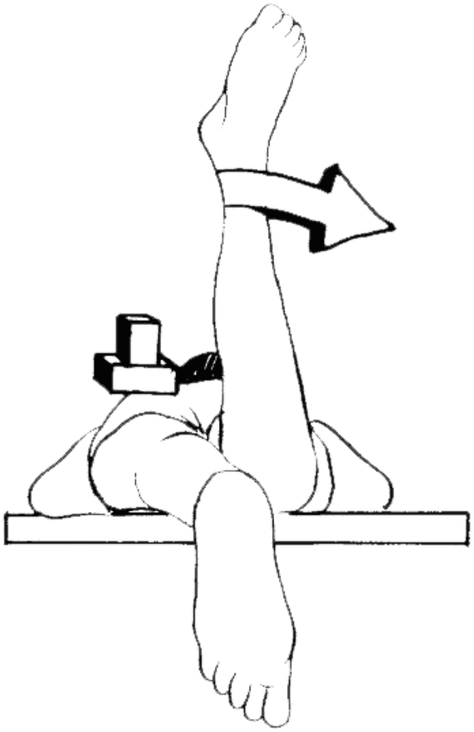
M. M. : L2

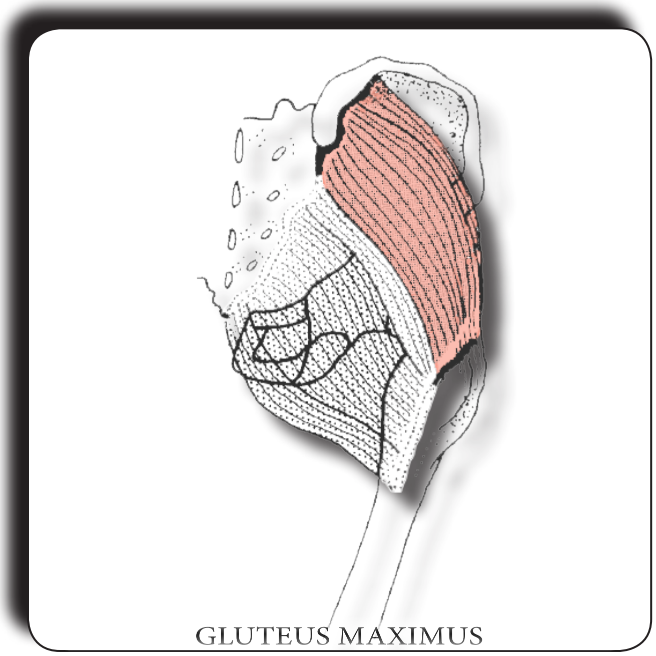
CRANIAL: Occipital torque

FOOT: Calcaneus

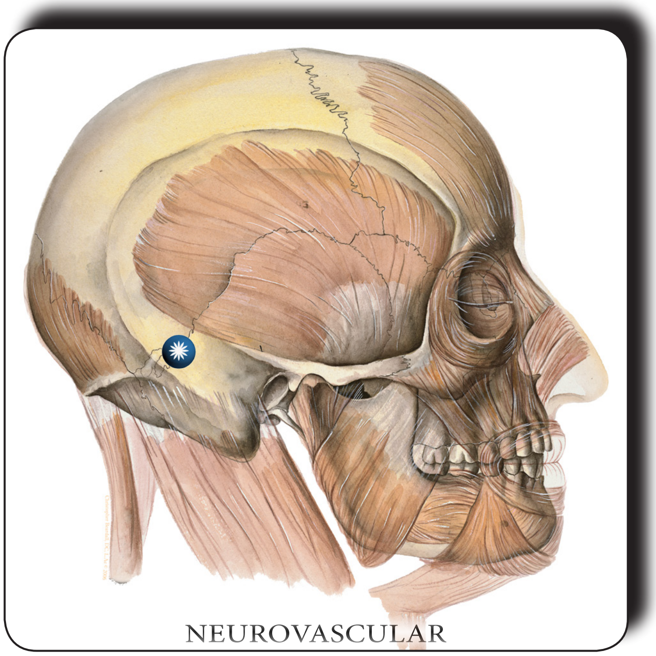
NUTRIENT SOURCE: B12

1. Vitamin B12 (NW)

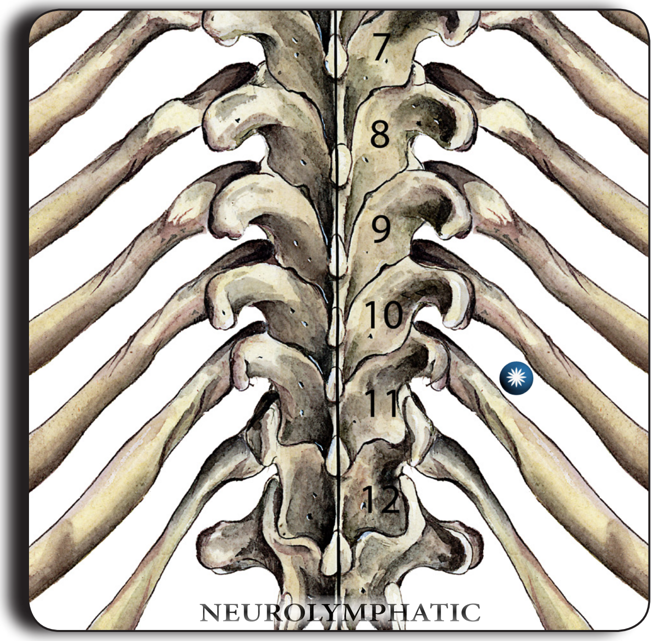




GLUTEUS MAXIMUS



NEUROVASCULAR



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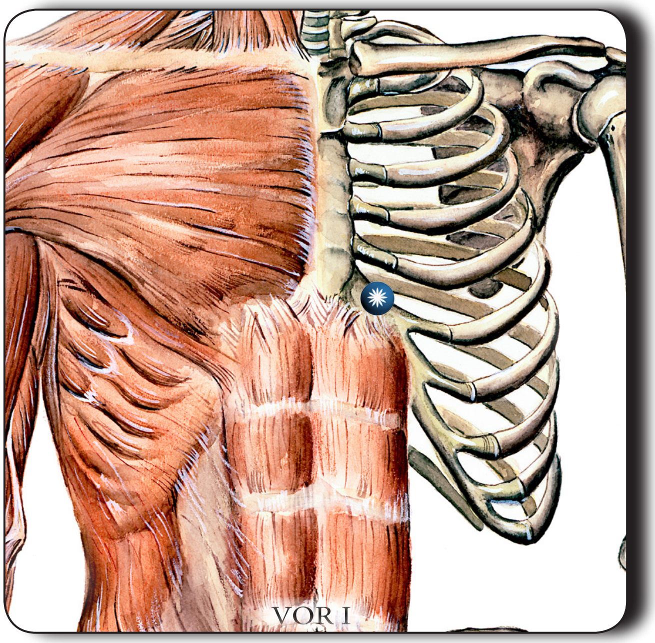
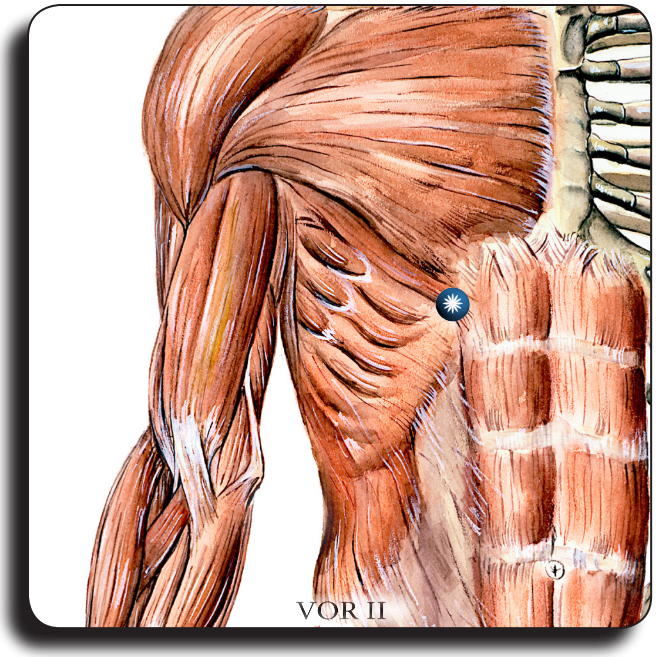
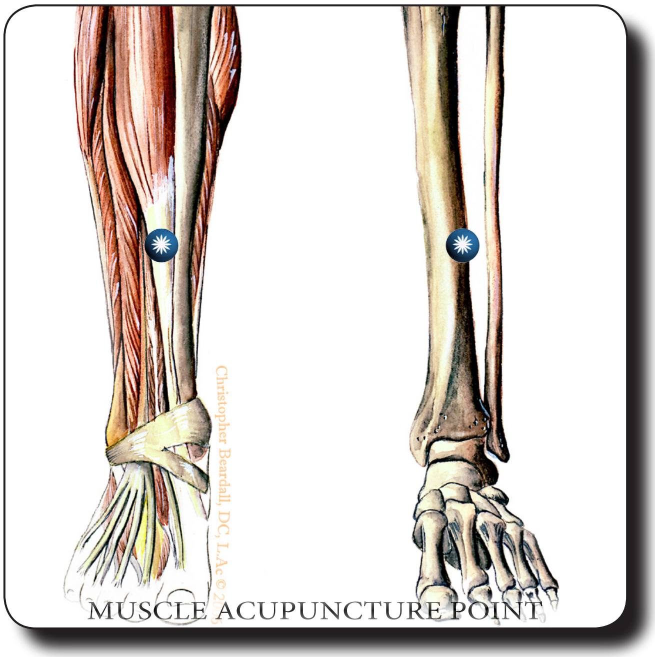


VOR I



VOR II


Christopher Beardall, DC, L.Ac © 2

MUSCLE ACUPUNCTURE POINT

Muscle 848: GLUTEUS MAXIMUS, (Iliac Division)

ORIGIN: Posterior gluteal line and crest of ilium.

INSERTION: Iliotibal band of Fascia lata (most superior fibers of insertion).

ACTION: Extend, externally rotate, and slightly abduct the femur.

TEST:

Patient: Prone, flex ipsilateral knee 90°, extend thigh 23° and externally rotate femur 40° (ankle across midline).

Doctor: Brace contralateral ilium, contact ipsilateral posterior femur above knee and flex thigh through sagittal plane.

NEUROVASCULAR: (Lat) Squamosal suture 1/2" anterior to asterion.

NEUROLYMPHATIC: (Post/R) l0th ICS, 2" out from spine.

VISCERAL ORGAN:

I. Pancreas - sugar portion: (Ant/L) between 5th and 6th ribs on costocartilage.

II. Pancreas - duct system: (Ant/R) between 6th and 7th ribs on costocartilage.

M. A. P. : St40. 5

V.L. : C4R

L. B. V.L. : L2R

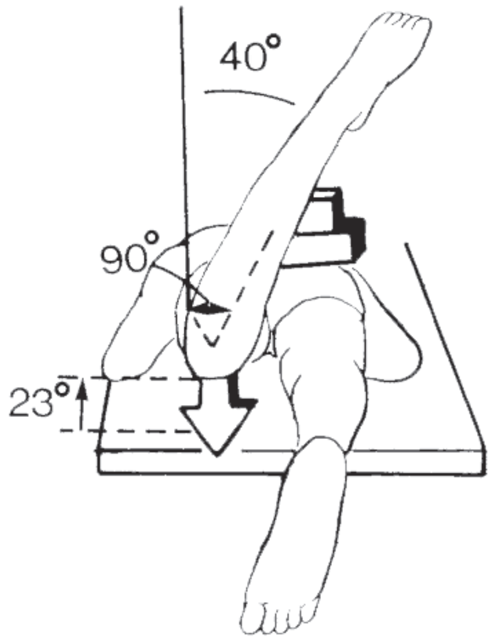
M. M. : S2

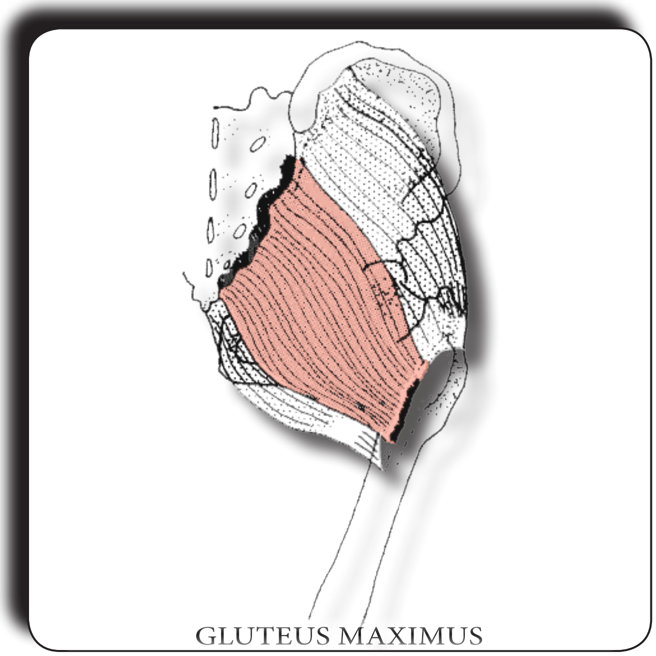
CRANIAL: Inferior conchae

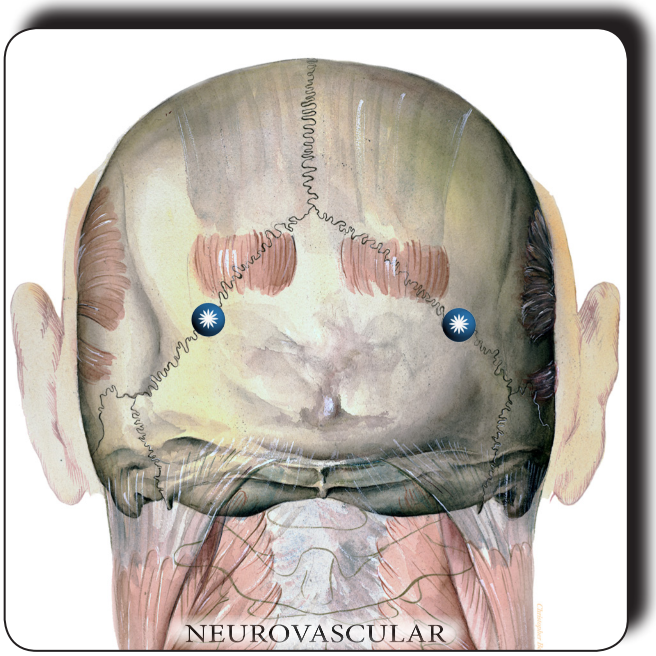
FOOT: Proximal 2nd phalanx

NUTRIENT SOURCE:

1. Core Level Pepsin (NW)
2. Hypo-D (NW)
3. GES-CID (NW)




GLUTEUS MAXIMUS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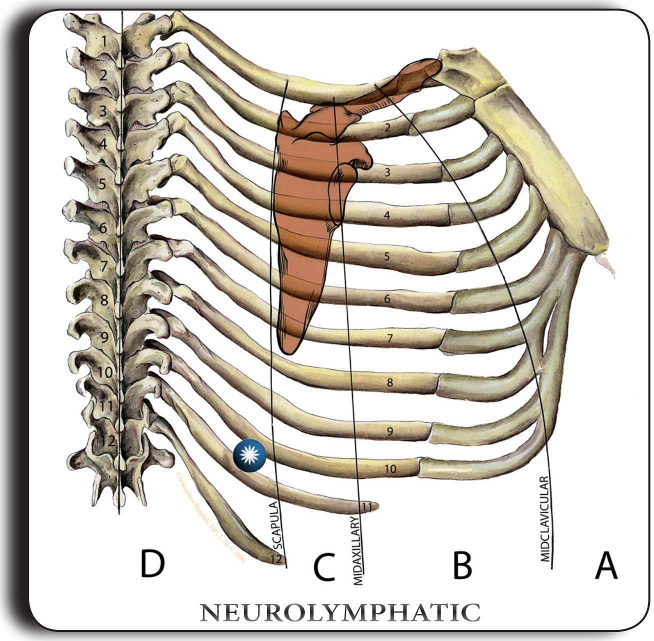
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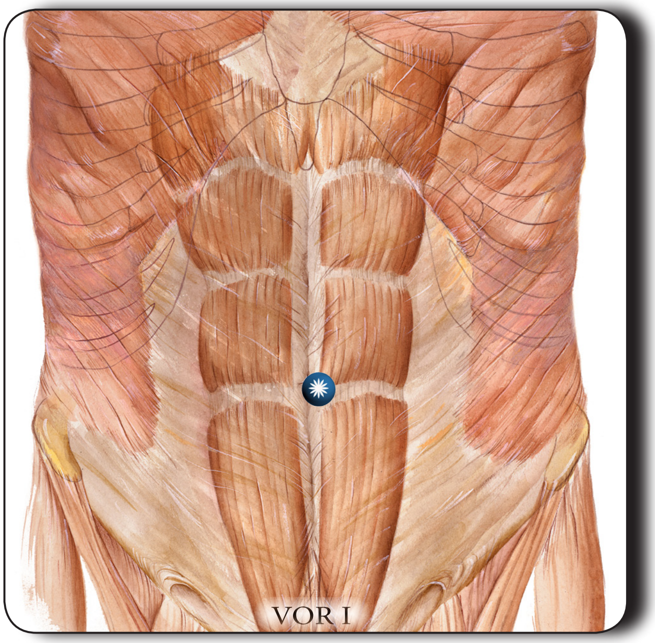
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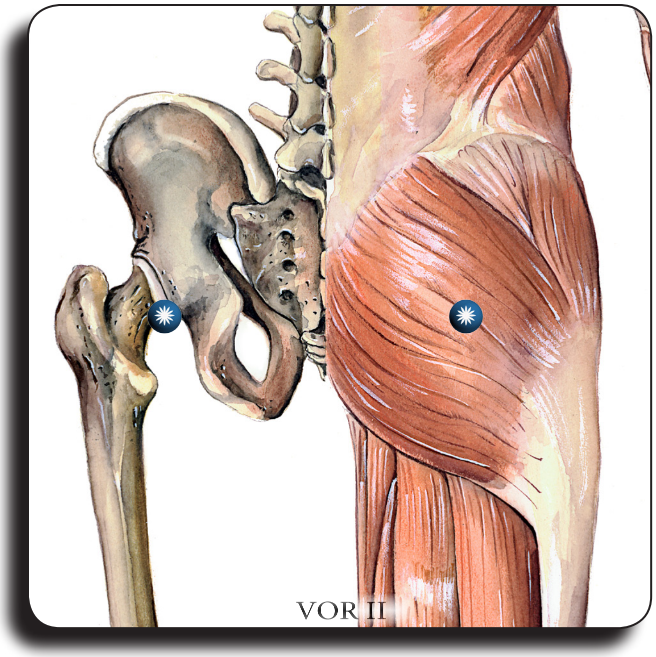
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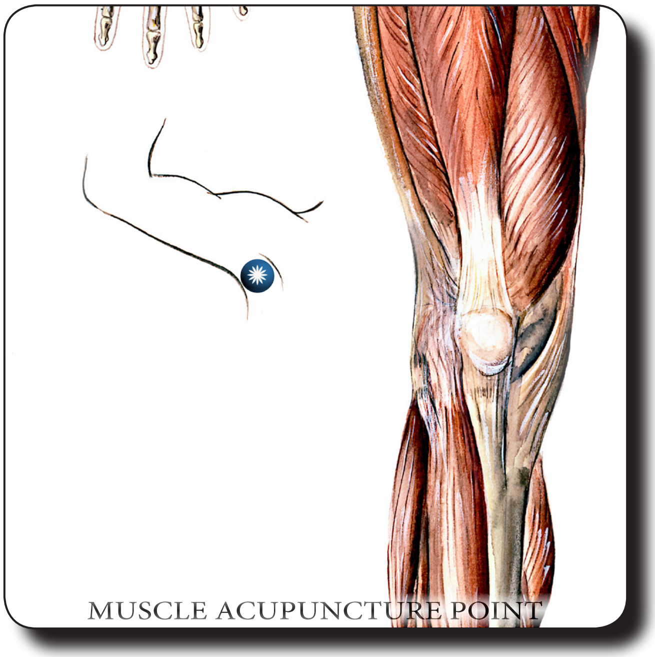

MUSCLE ACUPUNCTURE POINT

Muscle 850: GLUTEUS MAXIMUS, (Sacral Division)

ORIGIN: Tendon of sacrospinalis muscle and dorsal surface of sacrum.

INSERTION: Gluteal tuberosity of femur.

ACTION: Extends the femur.

TEST:

Patient: Prone, flex ipsilateral knee 90° and extend ipsilateral thigh 23° with no rotation of femur.

Doctor: Brace contralateral ilium and with a posterior ipsilateral femur contact, flex thigh through sagittal plane.

NEUROVASCULAR: (Post/BL) Lambdoidal suture about halfway between asterion and posterior fontanel.
NV - as found by George Goodheart, D.C.

NEUROLYMPHATIC: (Post/R) 10th ICS ,4-5" from spine.

VISCERAL ORGAN:

I. Posterior pituitary: (Ant) Edge of umbilicus at 4 o'clock position.

II. Prostate/Uterus: (Post/BL) Posterior inferior lip of acetabulum at level of B49.

M. A. P. : H1

V.L. : L4R

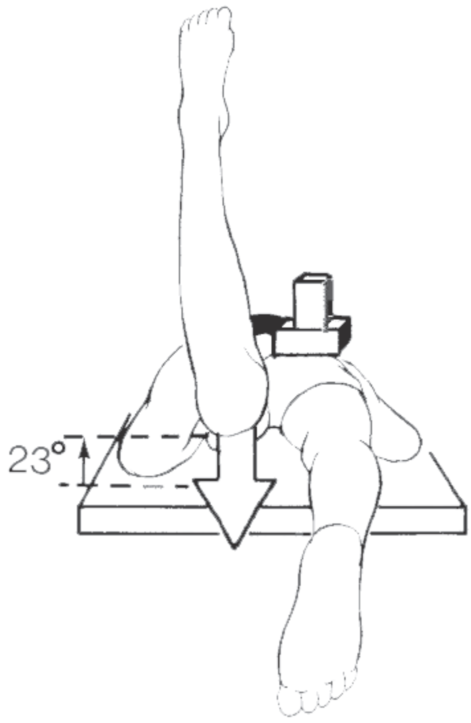
L. B. V.L. : C2R

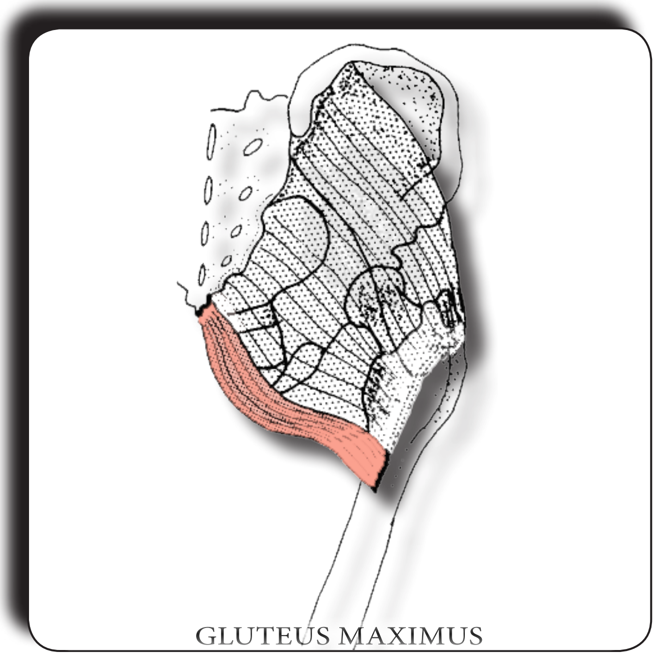
M. M. : S3

CRANIAL: TMJ

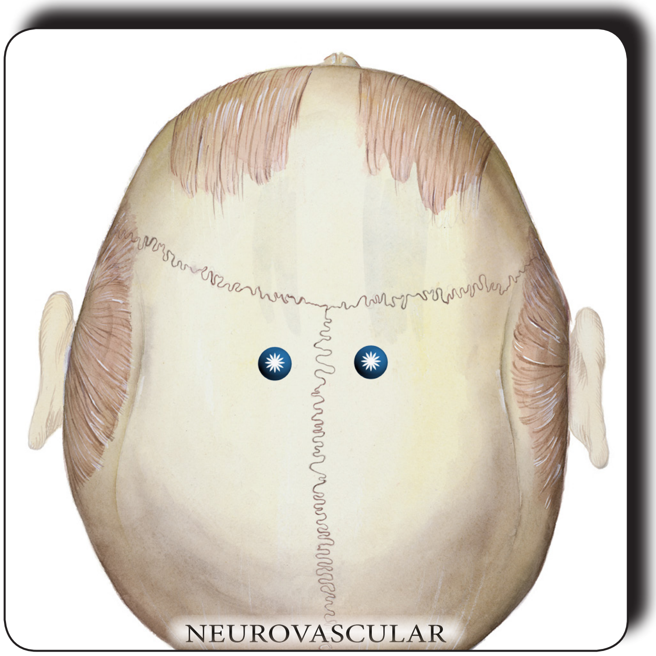
FOOT: Distal 2nd phalanx of big toe.

NUTRIENT SOURCE: Vitamin E
1. Core Level Vitamin E (NW)

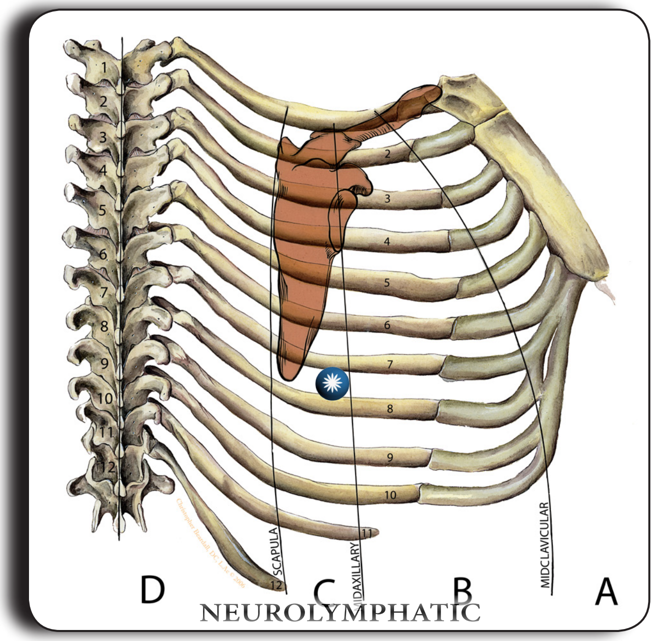




GLUTEUS MAXIMUS



NEUROVASCULAR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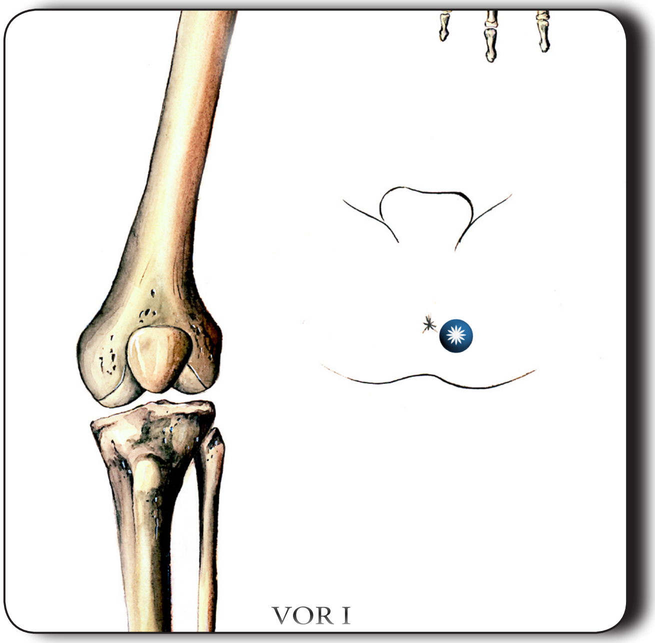
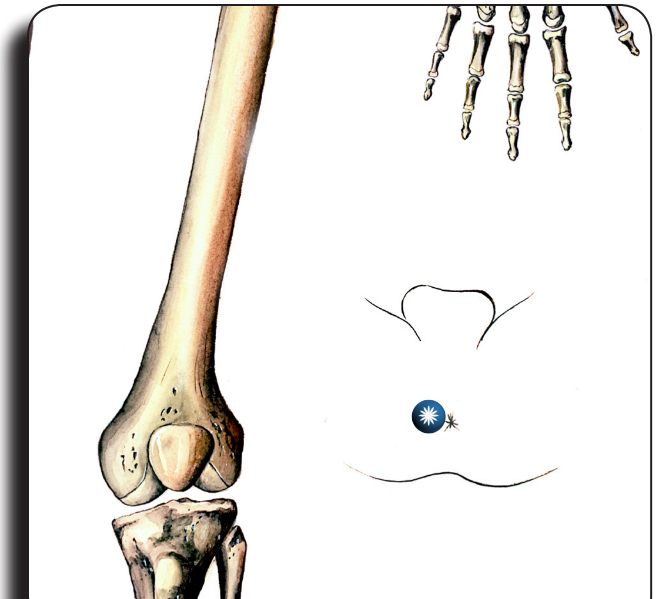
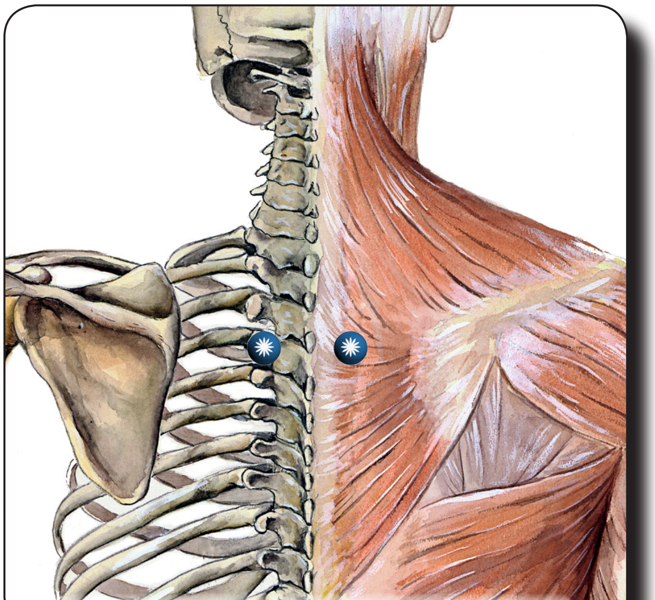
NEUROLYMPHATIC



VOR I



VOR II



MUSCLE ACUPUNCTURE POINT

Muscle 852: GLUTEUS MAXIMUS, (Coccygeal Division)

ORIGIN: Side of coccyx and sacrotuberous ligament.

INSERTION: Inferior portions of gluteal tuberosity.

ACTION: Flexion and external rotation of the knee. It also extends the femur.

TEST:

Patient: Prone, flex ipsilateral knee 90°, adduct and extend ipsilateral thigh to place knee on popliteal fossa of contralateral leg.

Doctor: Brace contralateral ilium by hand and ipsilateral femur with knee; contact ipsilateral tibia above ankle and internally rotate thigh pulling ankle laterally.

NEUROVASCULAR: (Sup/BL) Parietal bone - 1/2" lateral to sagittal suture, 1 1/2" posterior to anterior fontanel.

NEUROLYMPHATIC: (Lat/R) 7th ICS, 3" posterior to costocartilage junction.

VISCERAL ORGAN:

I. Bladder: (Inf) 4 o'clock on rectal orifice.

II. Colon: (Inf) Sphincter ani externus, 10 o'clock on rectal orifice.

M. A. P. : B13

V.L. : C6L

L. B. V.L. : T12L

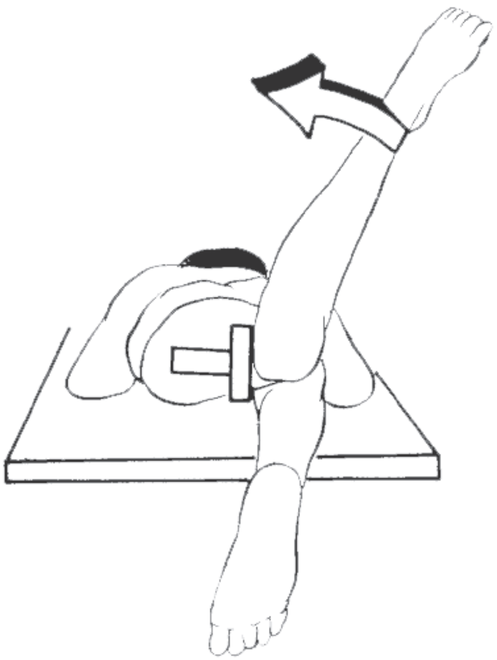
M. M. : S1

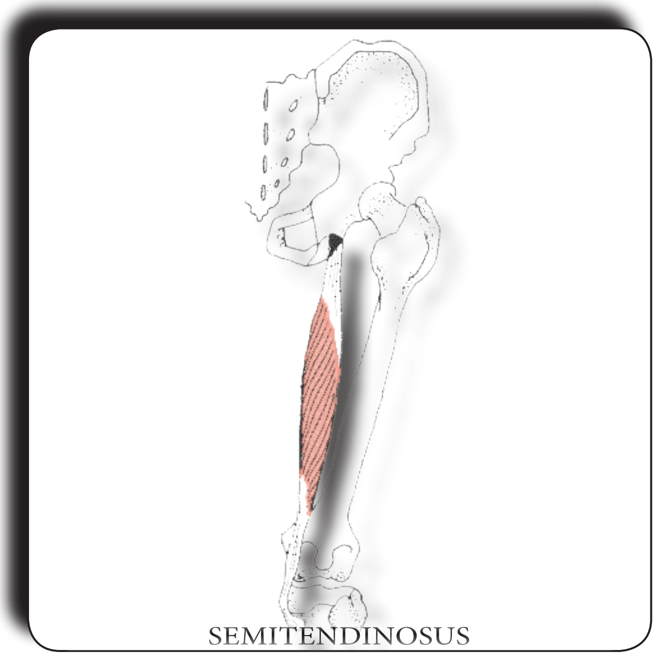
CRANIAL: Palatine

FOOT: 1st Metatarsal

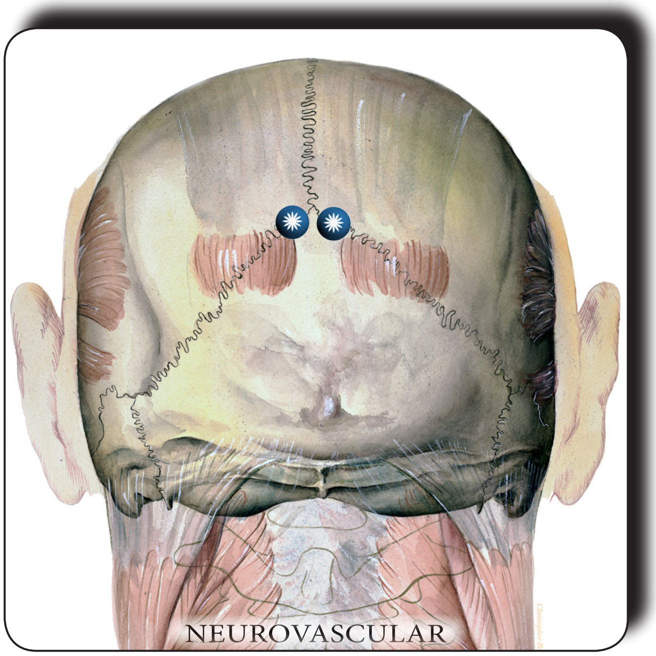
NUTRIENT SOURCE: Potassium

1. Core Level Potassium (NW)





SEMITENDINOSUS



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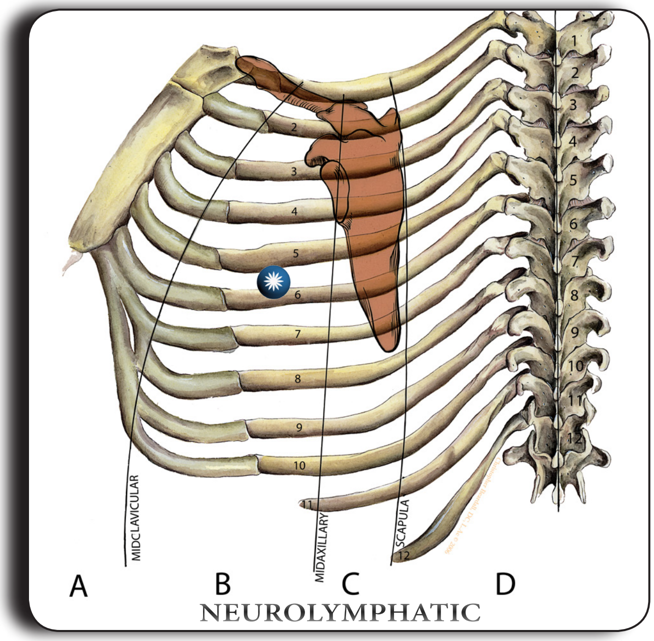
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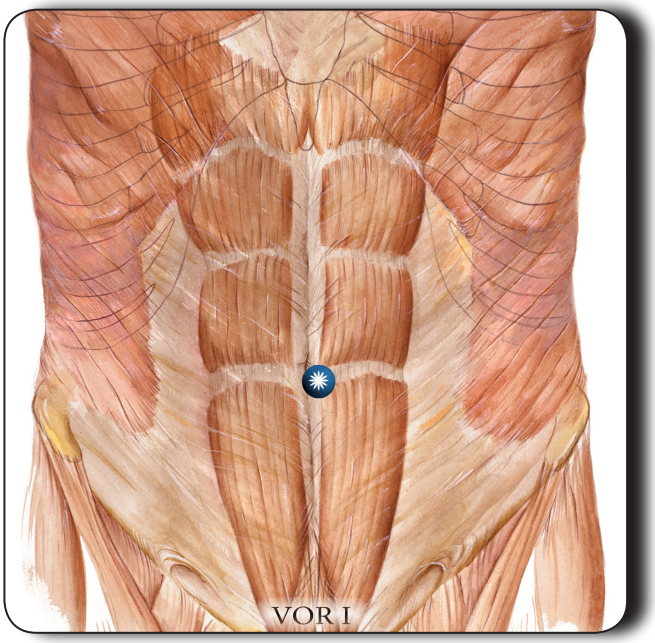

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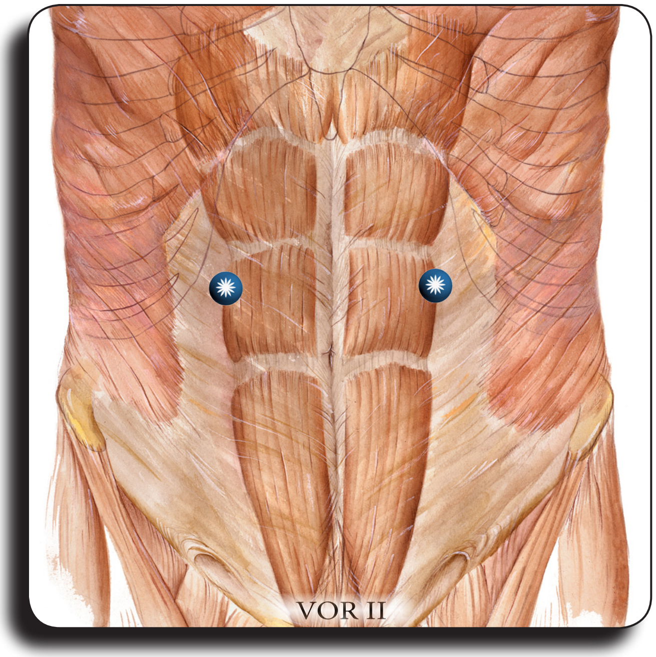

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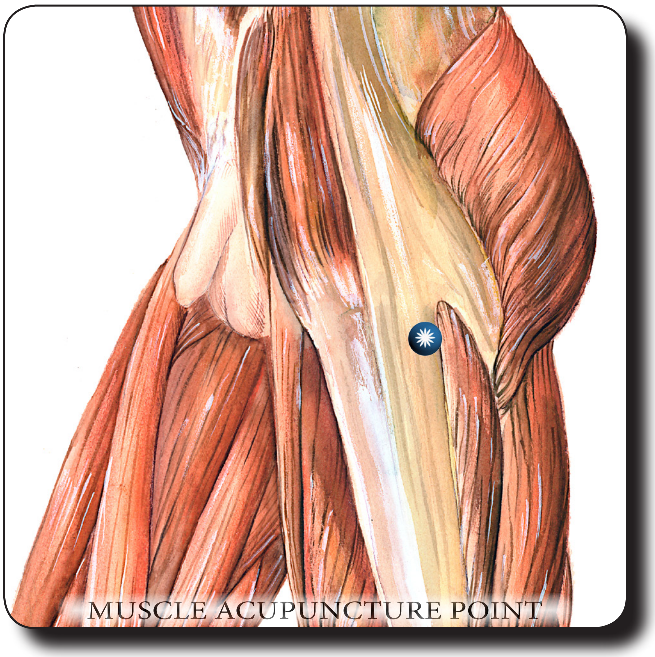


MUSCLE ACUPUNCTURE POINT

Muscle 854: SEMITENDINOSUS

ORIGIN: Upper and medial impression of ischial tuberosity.

INSERTION: Posteromedial surface of medial condyle of tibia.

ACTION: Flexion and internal rotation of the knee.

TEST:

Patient: Supine, flex ipsilateral knee 100° with full internal rotation of tibia. (Keep ankle neutral.)

Doctor: Brace ipsilateral knee, contact ipsilateral calcaneus with cupped hand and extend knee by pulling ankle through coronal plane (plane of table).

NEUROVASCULAR: (Post/BL) Lambdoidal suture just lateral to posterior fontanel.

NEUROLYMPHATIC: (Ant/L) 5th ICS, outside nipple line.

VISCERAL ORGAN:

I. Posterior Pituitary: (Ant/L) 5 o'clock on edge of umbilicus.

II. Adrenals: (Ant/BL) 2" superior to umbilicus near lateral border 2nd section Rectus abdominis.

M. A. P. : G30.25

V.L. : T9R

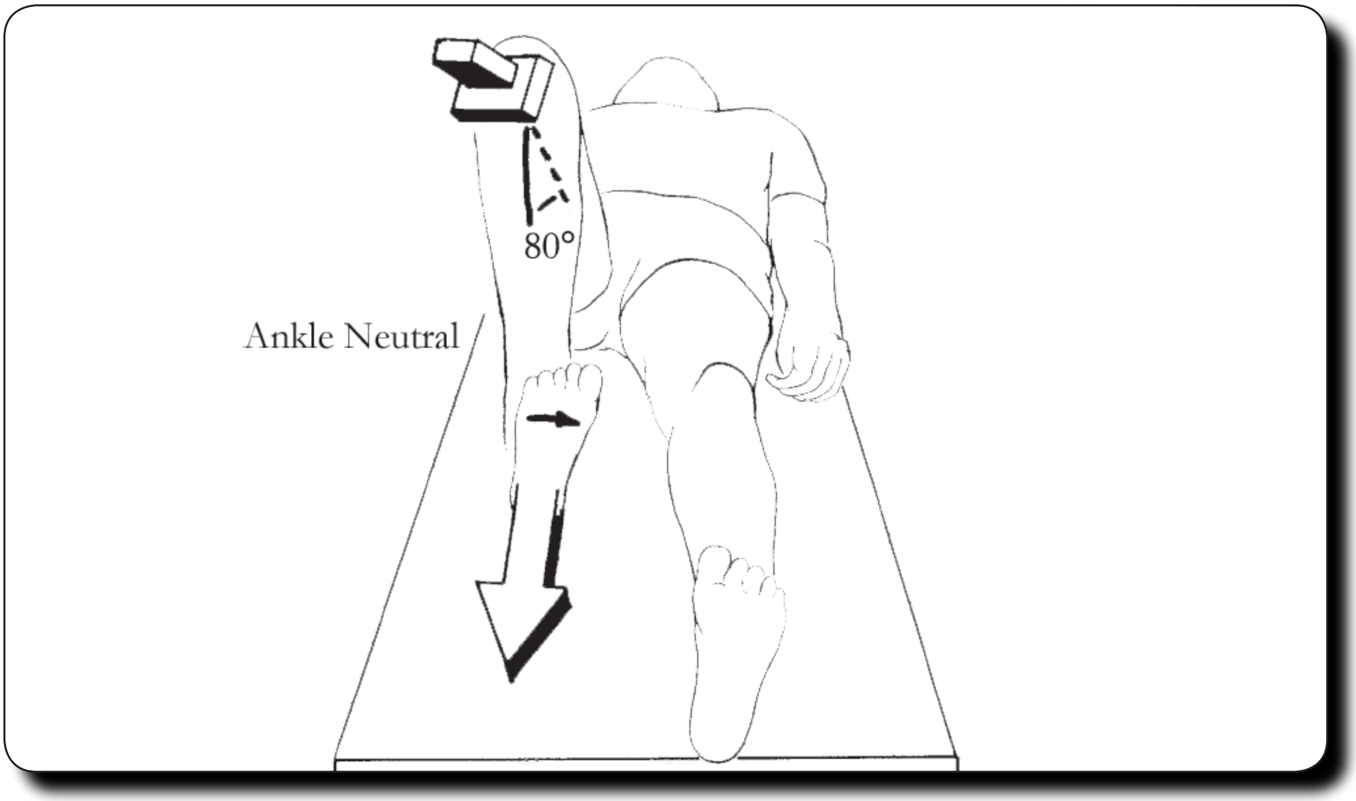
L. B. V.L. : T2R

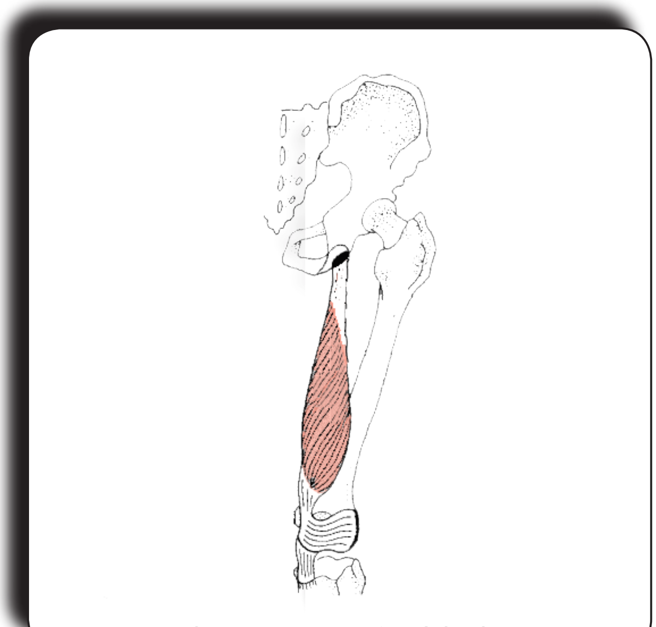
M. M. : L5

CRANIAL: Frontal

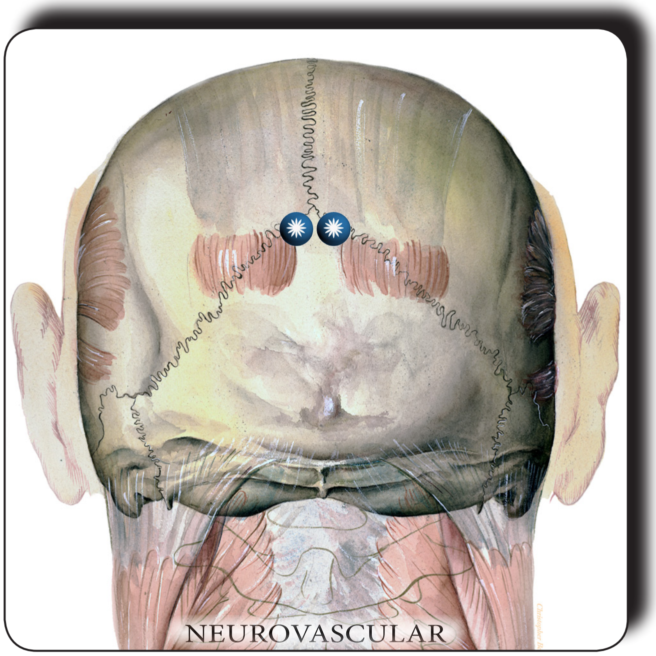
FOOT: Navicular

NUTRIENT SOURCE: Sulphur
1. Calc. Sulph.





SEMIMEMBRANOSUS



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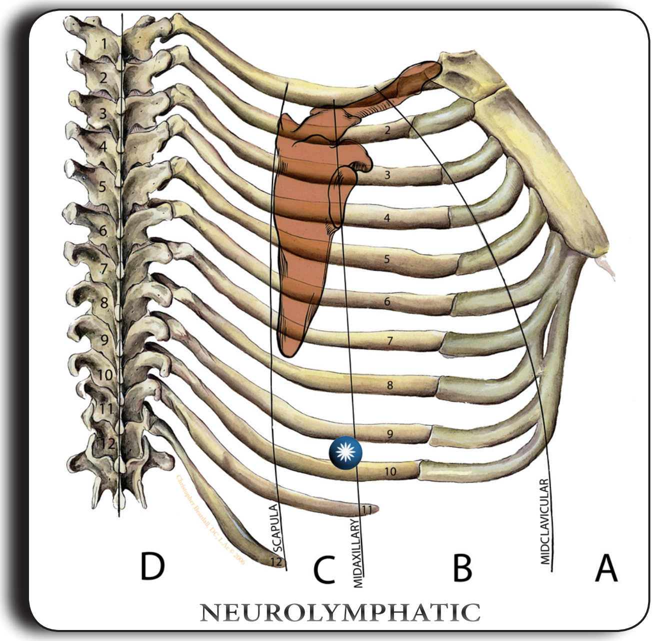
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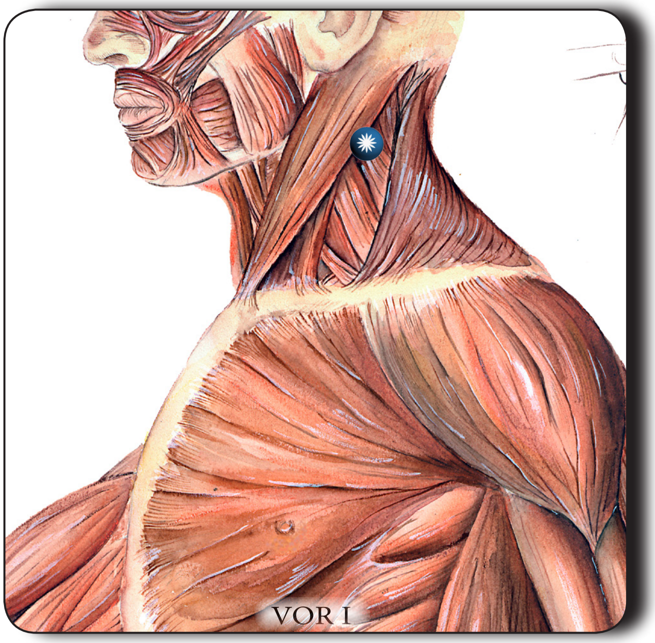

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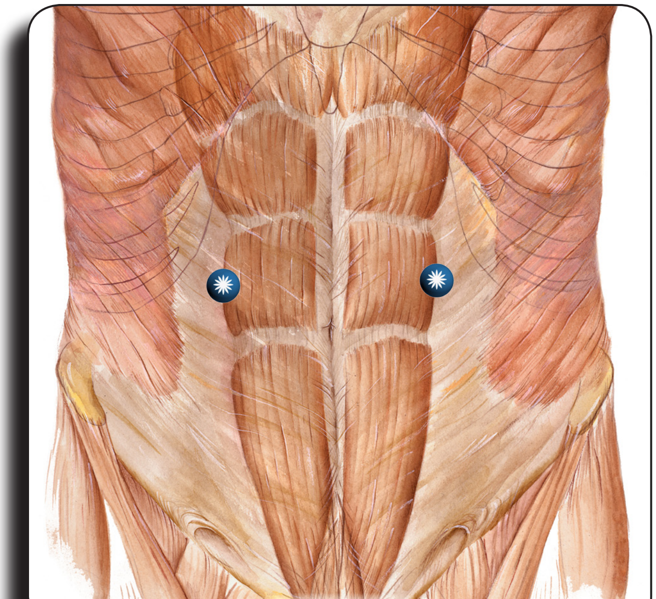

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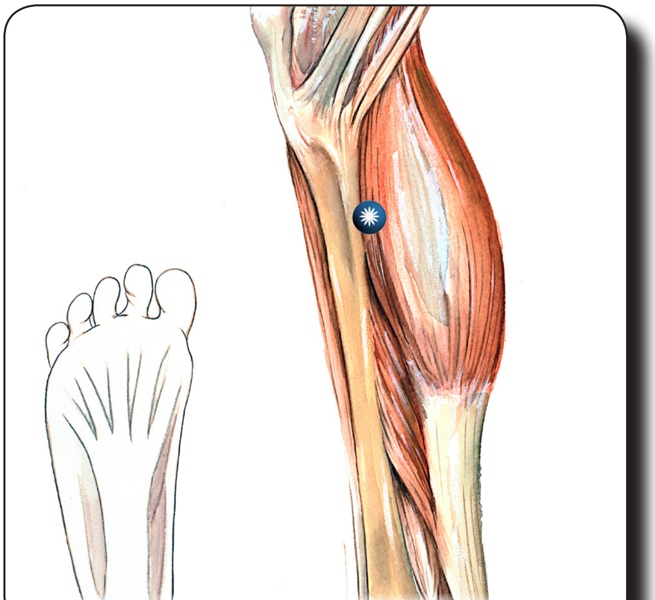


MUSCLE ACUPUNCTURE POINT

Muscle 856: SEMIMEMBRANOSUS, (Tibial Division)

ORIGIN: Supralateral ischial tuberosity.

INSERTION: Upper part of medial condyle of tibia and deep fascia of leg.

ACTION: Extends the femur. Flexion and internal rotation of the knee.

TEST:

Patient: Supine, flex ipsilateral knee 80° with full internal rotation of tibia. (Keep ankle neutral.)

Doctor: Brace ipsilateral knee, contact ipsilateral calcaneus with cupped hand and extend knee by pulling through coronal plane (plane of table).

NEUROVASCULAR: (Post/BL) Occipital bone, 1/2" Inferior and lateral to posterior fontanel.

NEUROLYMPHATIC: (Lat/R) 9th ICS, 8" lateral to spine.

VISCERAL ORGAN:

I. Submandibular Lymphatics: (Lat/BL) In belly of Scalenus posterior muscle lateral to C3.

II. Adrenals: (Ant/BL) 2" superior to umbilicus lateral border of 2nd section Rectus abdominis.

M. A. P. : Sp8.33

V.L. : L5L

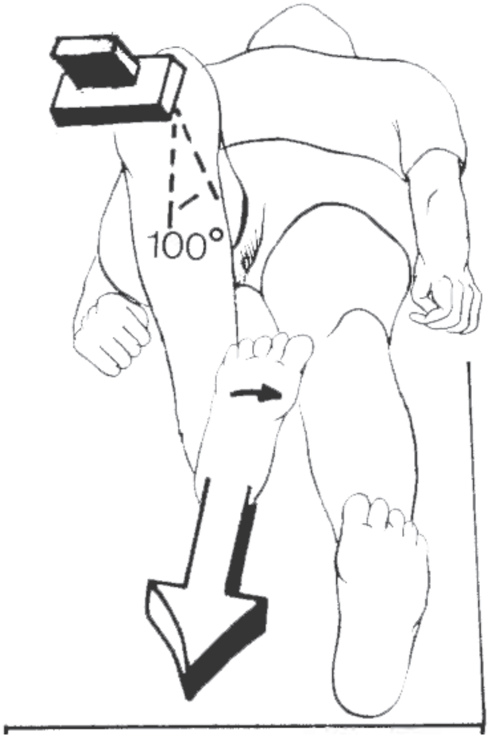
L. B. V.L. : C1L

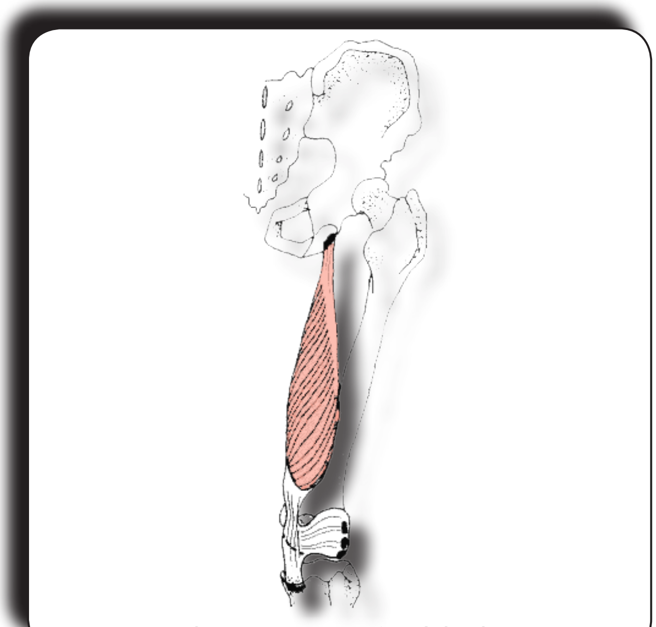
M. M. : S1

CRANIAL: Sphenoid

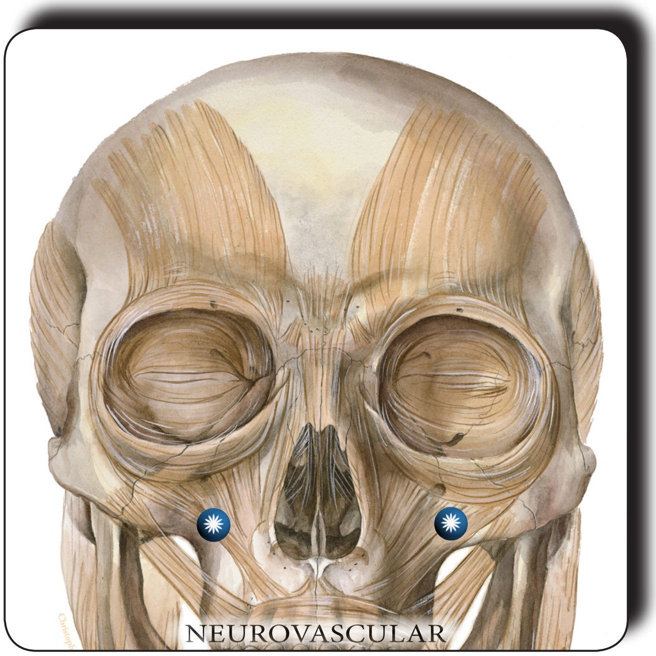
FOOT: 3rd cuneiform.

NUTRIENT SOURCE: Magnesium
1. Core Level Magnesium (NW)





SEMIMEMBRANOSUS



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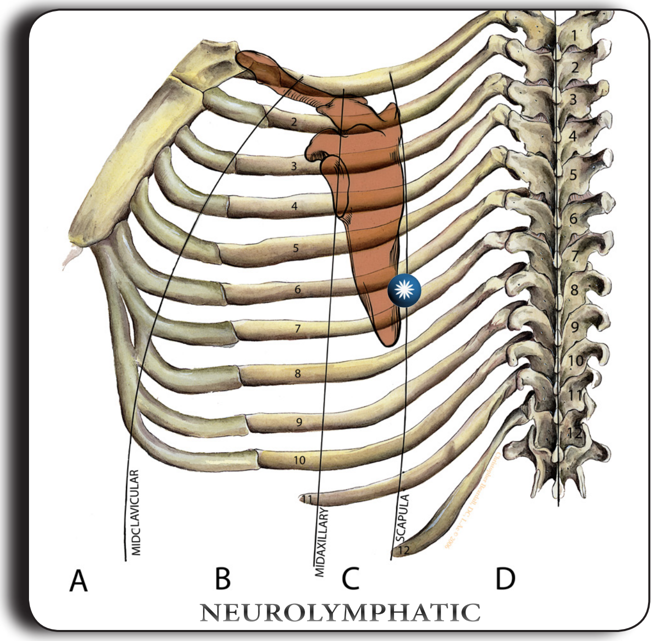
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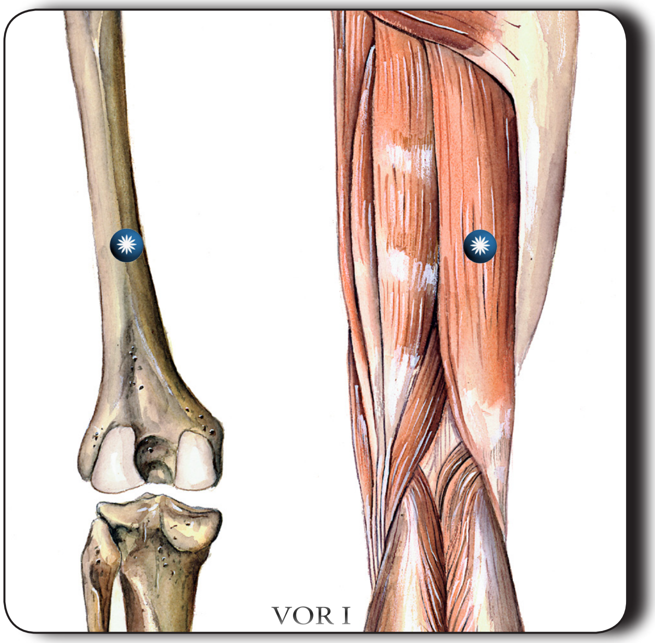

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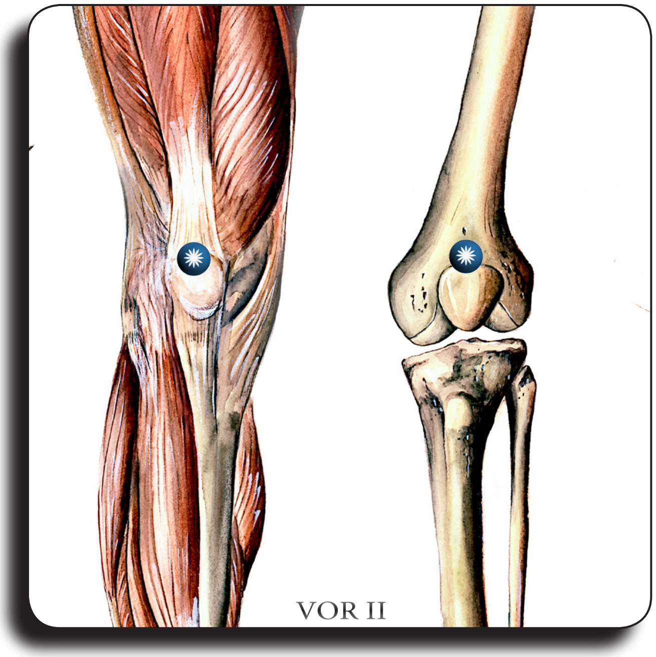

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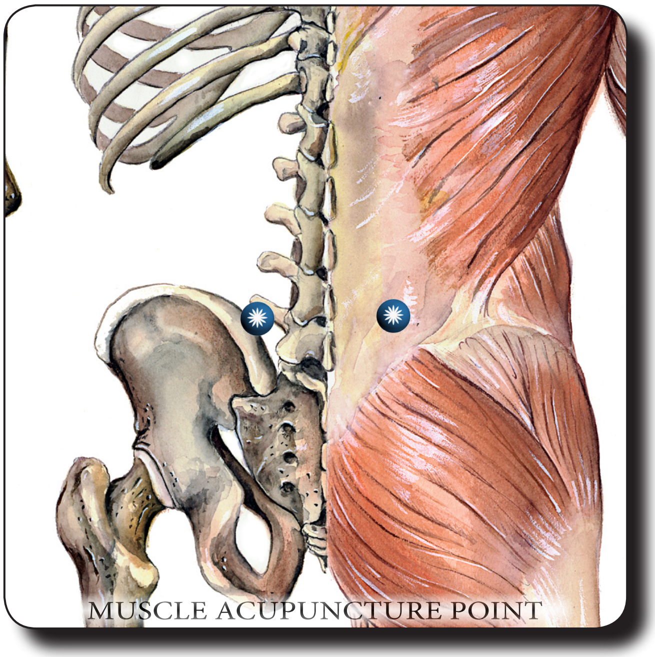


MUSCLE ACUPUNCTURE POINT

Muscle 858: SEMIMEMBRANOSUS, (Popliteal Division)

ORIGIN: Supralateral ischial tuberosity.

INSERTION: Fibrous expansion of normal origin passing upward and lateral to medial femoral condyle (oblique popliteal ligament of knee).

ACTION: Extends the femur. Flexes and internally rotates the knee.

TEST:

Patient: Supine, flex ipsilateral knee 80° with full internal rotation of tibia and ankle dorsiflexion; abduct tibia 10° from midline (to edge of table).

Doctor: Brace ipsilateral knee, contact ipsilateral calcaneus with cupped hand and extend knee by pulling ankle obliquely through coronal plane (plane of table).

NEUROVASCULAR: (Ant/BL) Maxillary bone - below zygomatic arch medial to center of eye.

NEUROLYMPHATIC: (Lat/L) 6th ICS, axillary area.

VISCERAL ORGAN:

I. Ileum - Peyers Patches: (Post/BL) 2" lateral to B51 in belly of Biceps femoris long head.

II. Pancreatic Duct System: (Ant/BL) Middle superior surface of patella.

M. A. P. : B25

V.L. : C2R

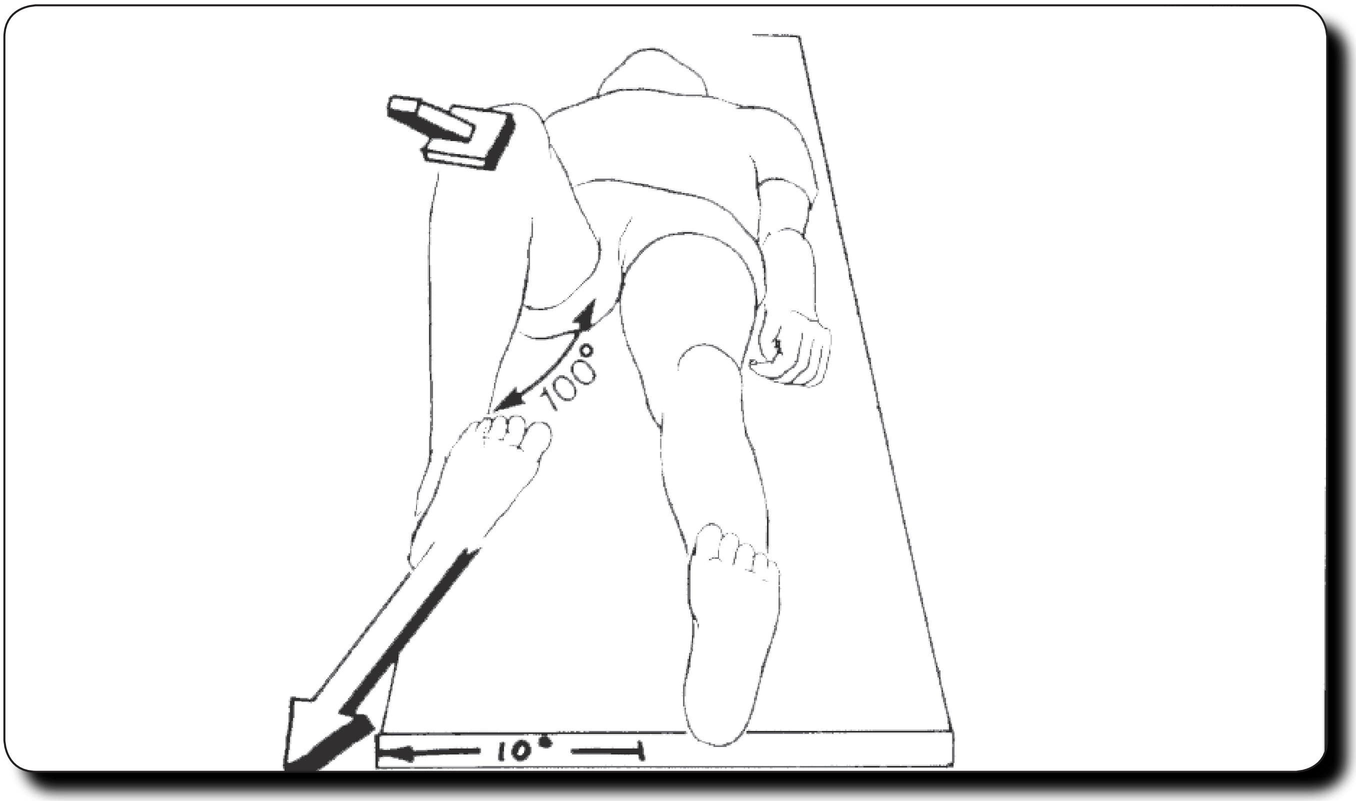
L. B. V.L. : L4R

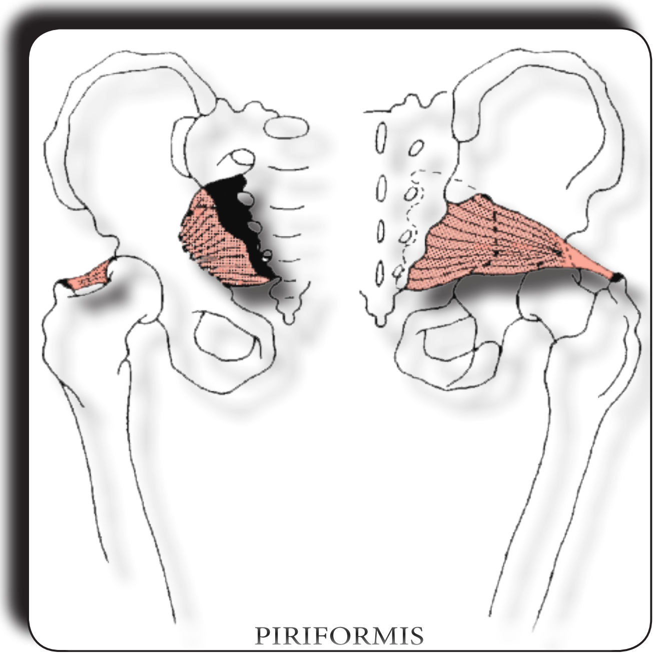
M. M. : S1

CRANIAL: Inferior conchae

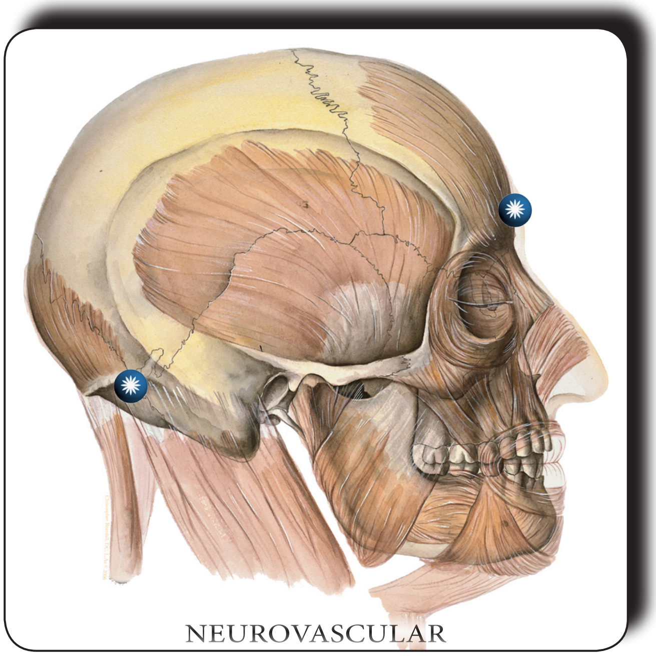
FOOT: Distal 4th phalanx

NUTRIENT SOURCE: Vitamin E
1. Core Level Vitamin E (NW)

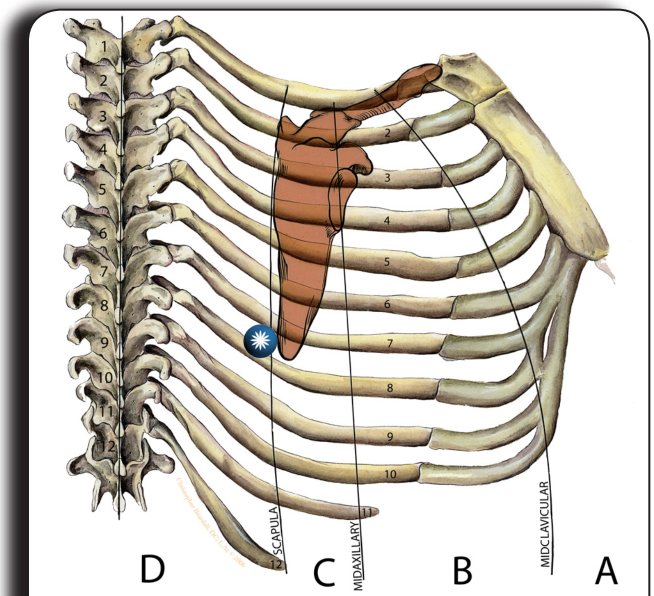




PIRIFORMIS



NEUROVASCULAR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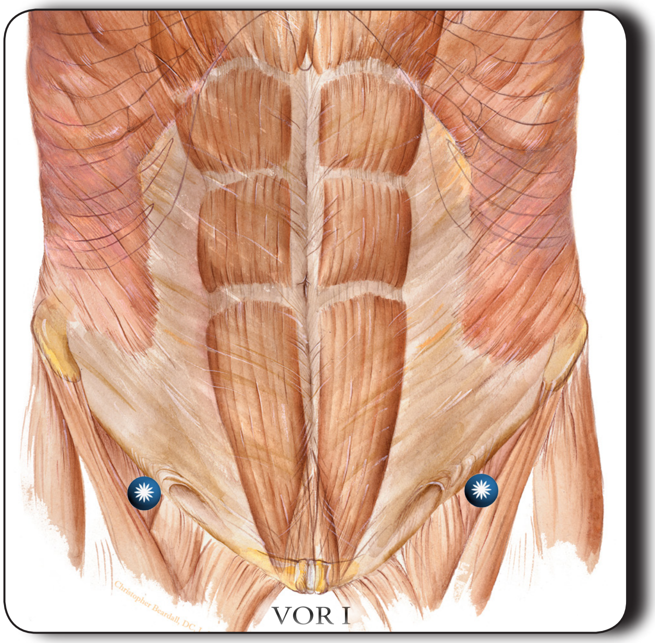
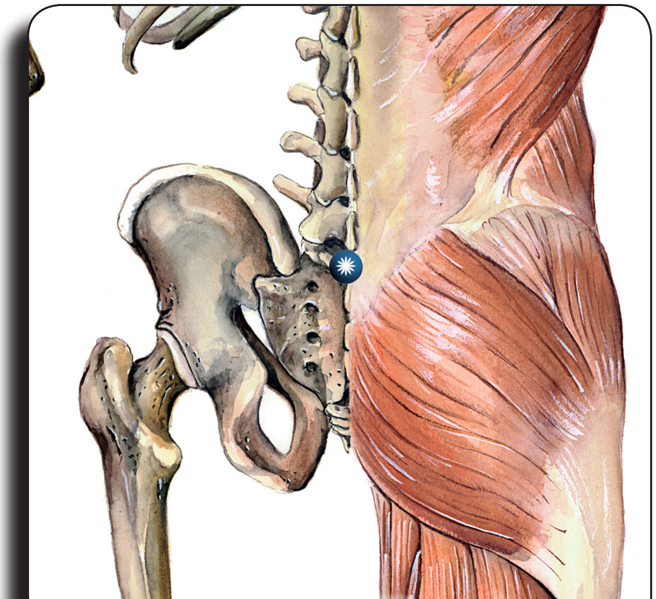
NEUROLYMPHATIC



VOR I



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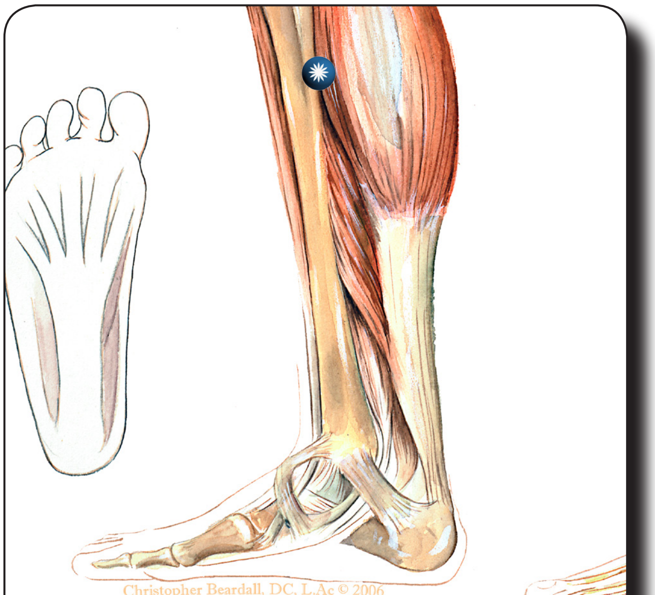


Christopher Beardall, DC, L.Ac © 2006

MUSCLE ACUPUNCTURE POINT

Muscle 860: PIRIFORMIS

ORIGIN: Anterior surface of sacrum between and lateral to sacral foramen, margin of greater sacral foramen.

INSERTION: Superior border of greater trochanter of femur.

ACTION: External rotation of the femur.

TEST:

Patient: Prone, flex ipsilateral knee 90°, abduct ipsilateral thigh 25° with slight external rotation of femur and keeping tibia in neutral rotation.

Doctor: Brace contralateral ilium and with ipsilateral medial malleolus contact, internally rotate femur (pull ankle laterally).

NEUROVASCULAR: 1) (Lat) Asterion 2) (Ant) 1" above glabella in concavity of frontal bone (must hold both points).

NEUROLYMPHATIC: (Post/R) 7th ICS at vertebral border of scapula.

VISCERAL ORGAN:

I. Prostate/Uterus: (Ant/BL) Sp12 inferior to inguinal ligament.

II. Testicles/Ovaries: (Post/Midline) Gv2.7 between L5 and sacrum at midline.

M. A. P. : Sp8

V.L. : C2L

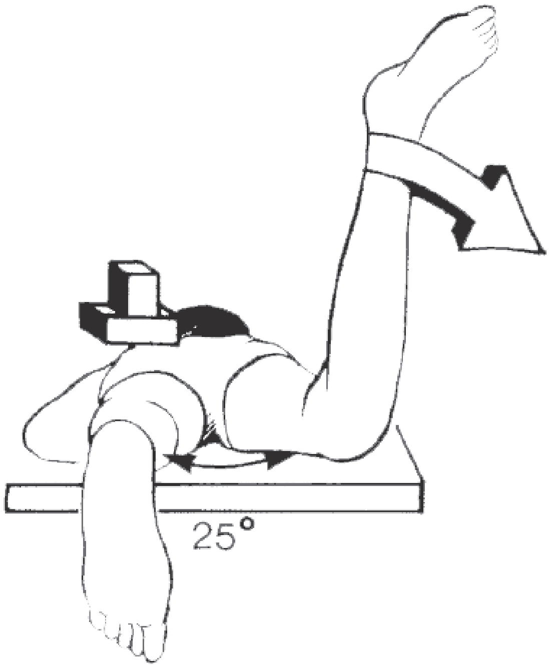
L. B. V.L. : L4L

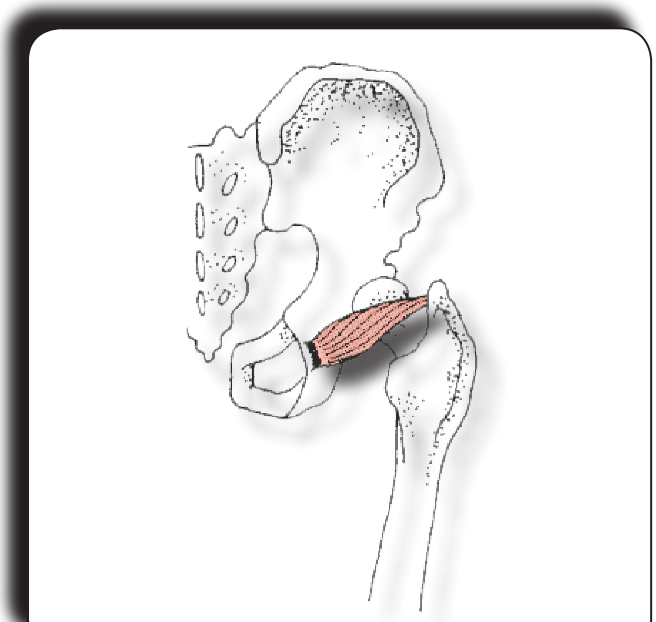
M. M. : L5

CRANIAL: Occiput lateral Rocker

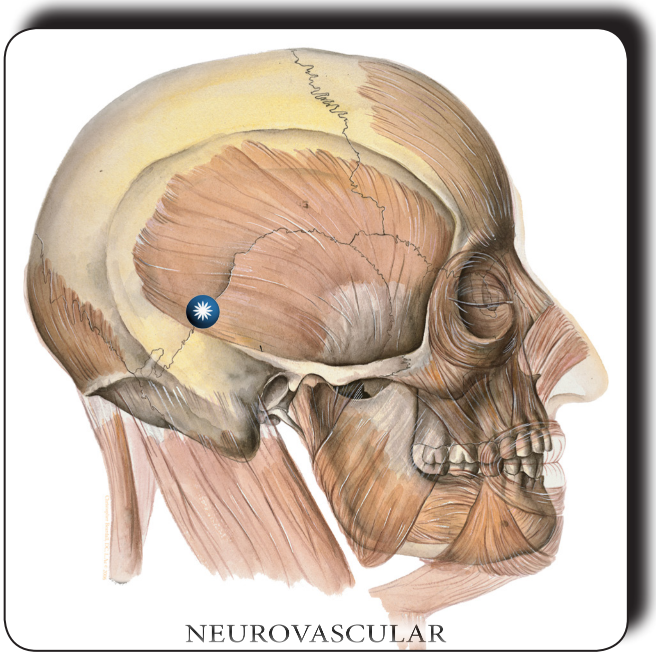
FOOT: In Research

NUTRIENT SOURCE: Vitamin E (Wheat Germ)
1. Core Level Vitamin E (NW)

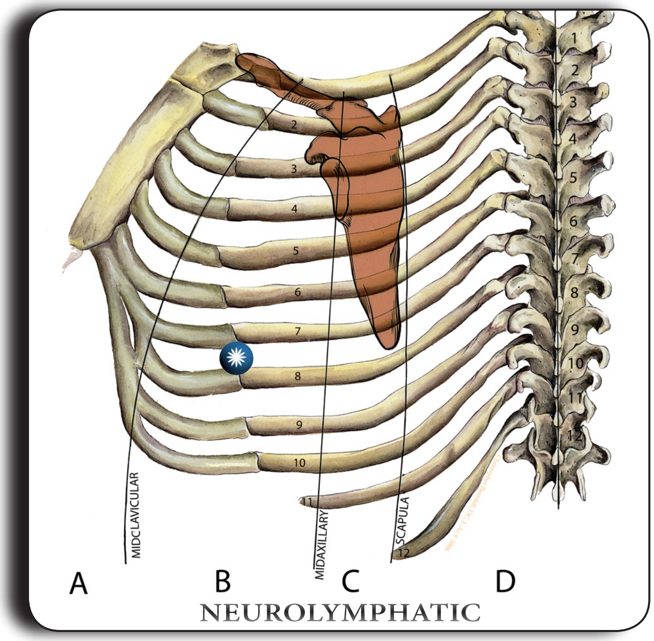




GEMELLUS INFERIOR



NEUROVASCULAR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MIDCLAVICULAR
MIDAXILLARY
SCAPULA
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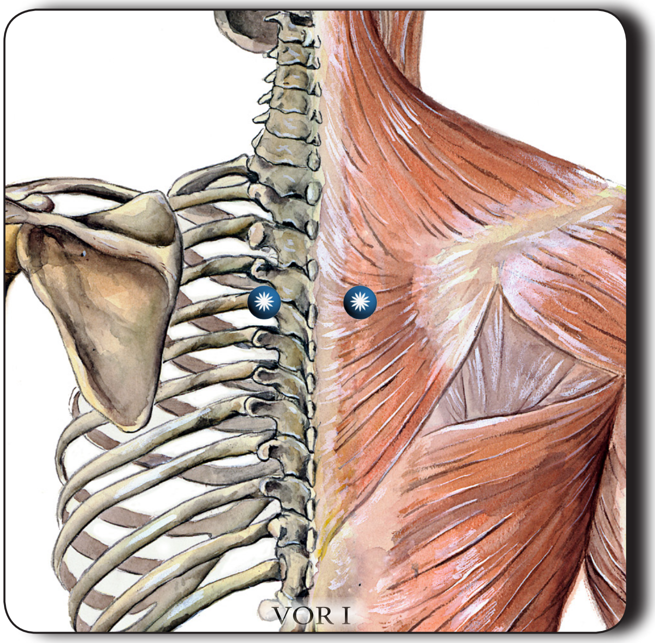
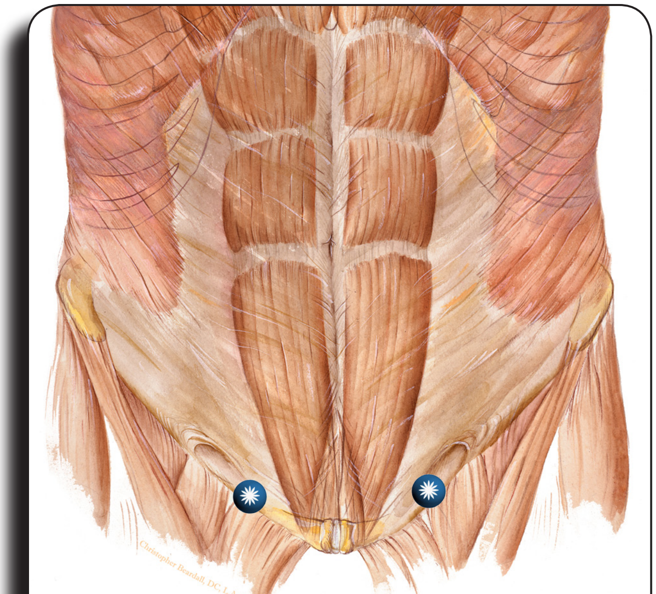
C
D

NEUROLYMPHATIC



VOR I



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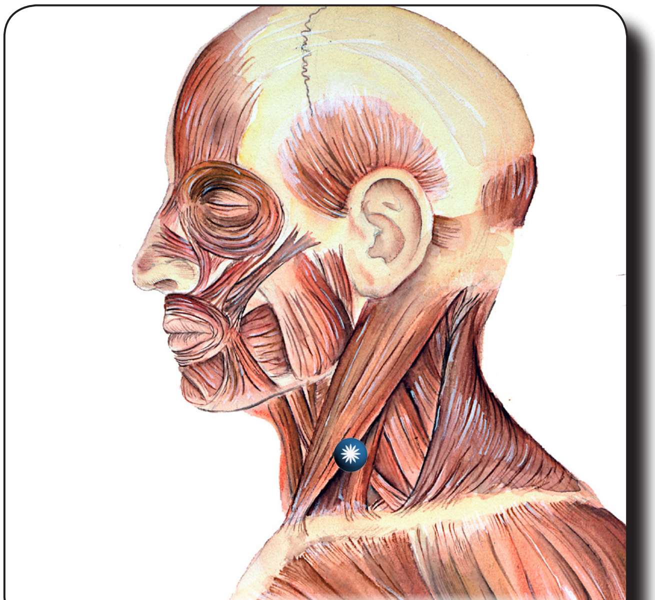


MUSCLE ACUPUNCTURE POINT

Muscle 862: GEMELLUS INFERIOR

ORIGIN: Upper part of ischial tuberosity.

INSERTION: Medial posterior surface of greater trochanter.

ACTION: External rotation of the femur.

TEST:

Patient: Prone, along ipsilateral edge of table; flex ipsilateral knee 90°, abduct then flex ipsilateral thigh 15 °, to place knee below edge of table.

Doctor: Brace contralateral ilium by hand and ipsilateral knee by thigh pressure; contact ipsilateral tibia above ankle and internally rotate femur (pull ankle laterally).

NEUROVASCULAR: (Lat) Squamosal suture 1" posterior to EAC.

NEUROLYMPHATIC: (Ant/L) 7th ICS, at costocartilage junction.

VISCERAL ORGAN:

I. Lungs: (Post/BL) junction 5th rib with transverse process.

II. Prostate/Uterus: (Ant/BL) St30, inguinal ligament 1" lateral to pubes.

M. A. P. : Li17

V.L. : L1R

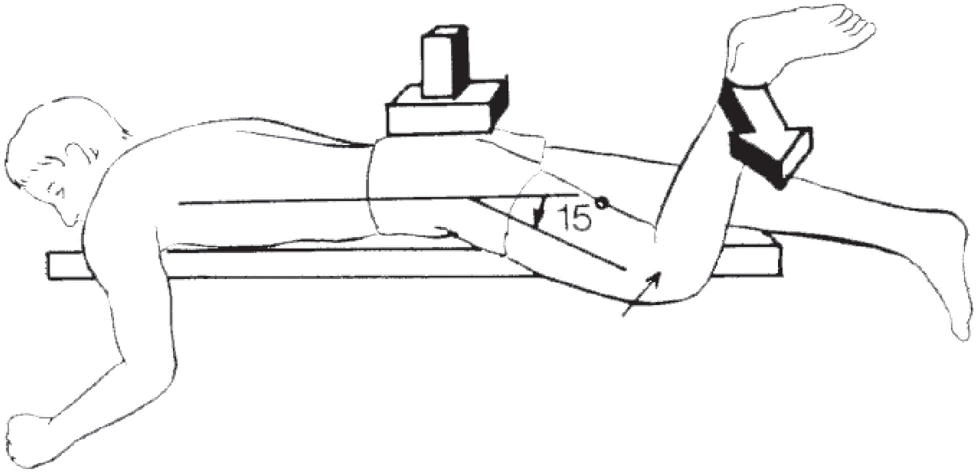
L. B. V.L. : C5R

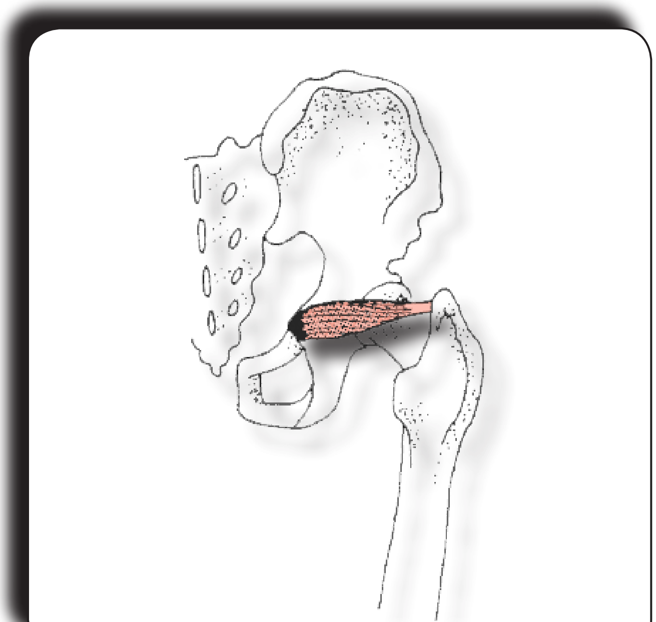
M. M. : L5

CRANIAL: Occiput A-P Rocker

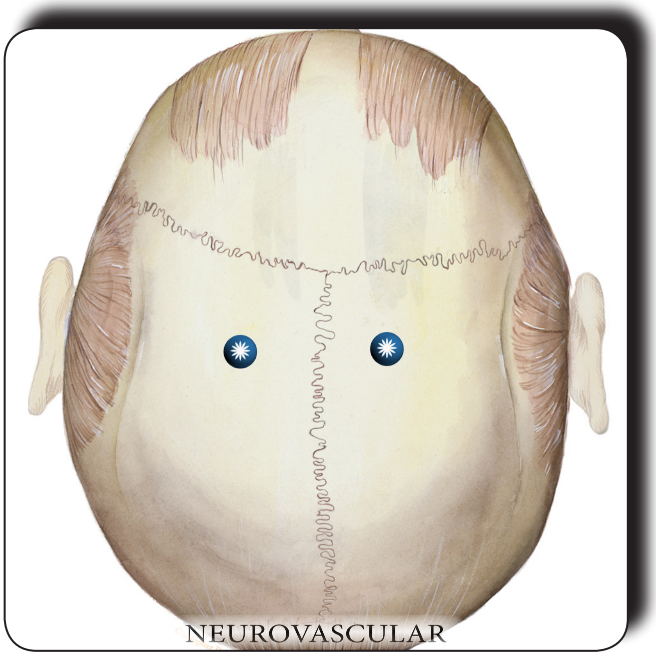
FOOT: In Research

NUTRIENT SOURCE: Magnesium
1. Mag. Phos. (Homeo)

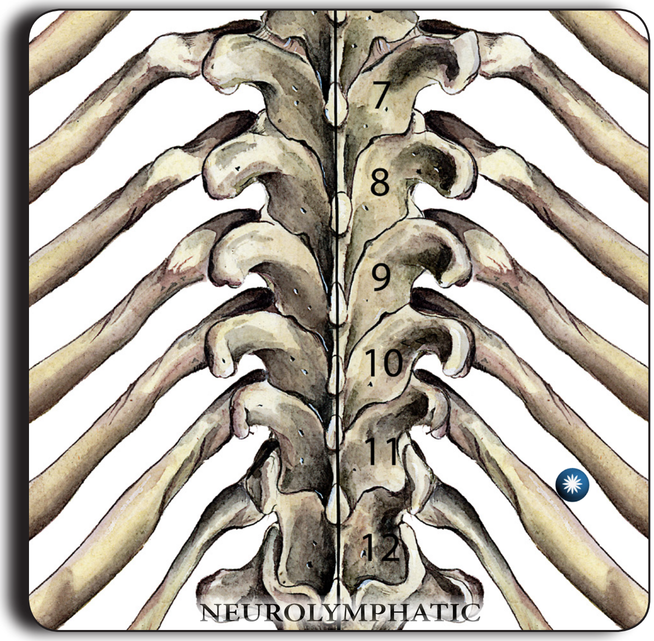




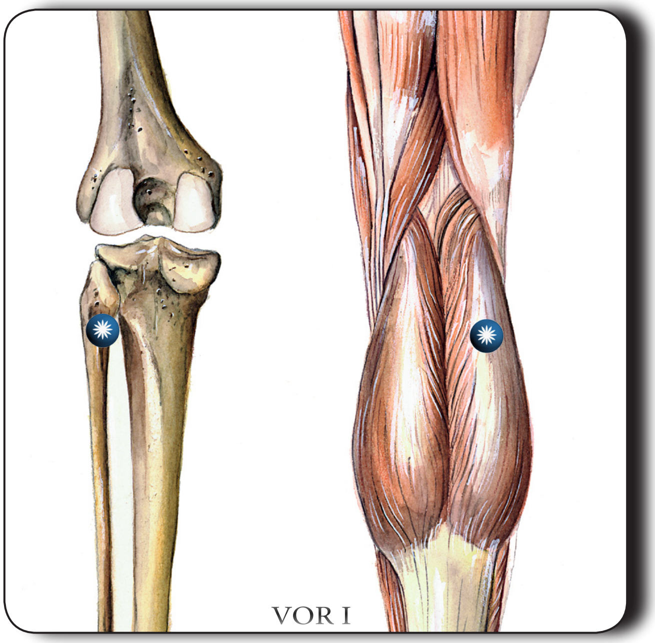
GEMELLUS SUPERIOR



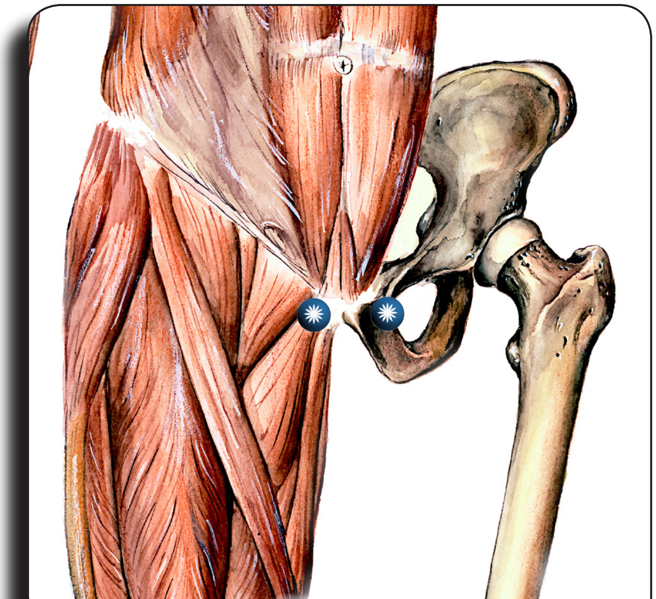
NEUROVASCULAR



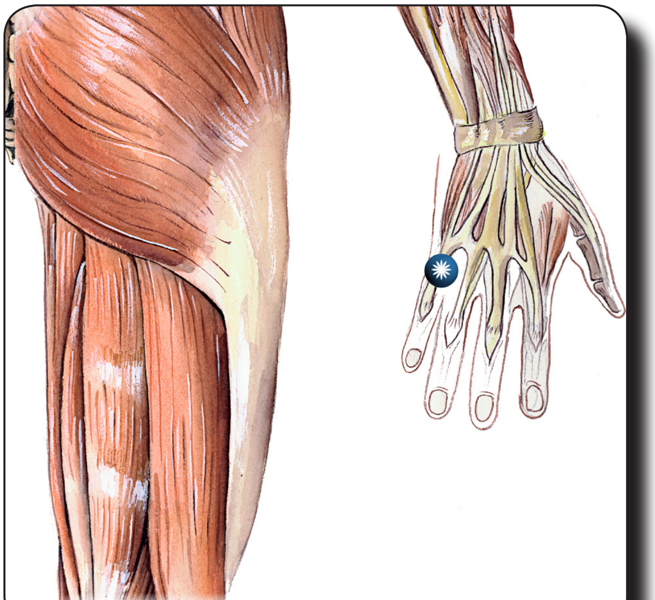
NEUROLYMPHATIC



VOR I



VOR II



MUSCLE ACUPUNCTURE POINT

Muscle 864: GEMELLUS SUPERIOR

ORIGIN: Outer surface of ischial spine.

INSERTION: Medial posterior surface of greater trochanter.

ACTION: Extends the femur. Flexion and internal rotation of the knee.

TEST:

Patient: Prone along ipsilateral edge of table, flex ipsilateral knee 90°, abduct then flex ipsilateral thigh 35° to place knee below edge of table.

Doctor: Brace contralateral ilium by hand and ipsilateral knee by thigh pressure; contact ipsilateral tibia above ankle and internally rotate femur (pull ankle laterally).

NEUROVASCULAR: (Sup/BL) Parietal - 1” posterior and l” lateral to anterior fontanel.

NEUROLYMPHATIC: (Post/R)10th ICS, 2” from spine.

VISCERAL ORGAN:

I. Heart: (Post/BL) Belly of lateral Gastrocnemius at level of B55.

II. Epididymus: (Ant/BL) Superior ramus of pubes on inferior surface at level of Li12.

M. A. P. : Si2

V.L. : T2R

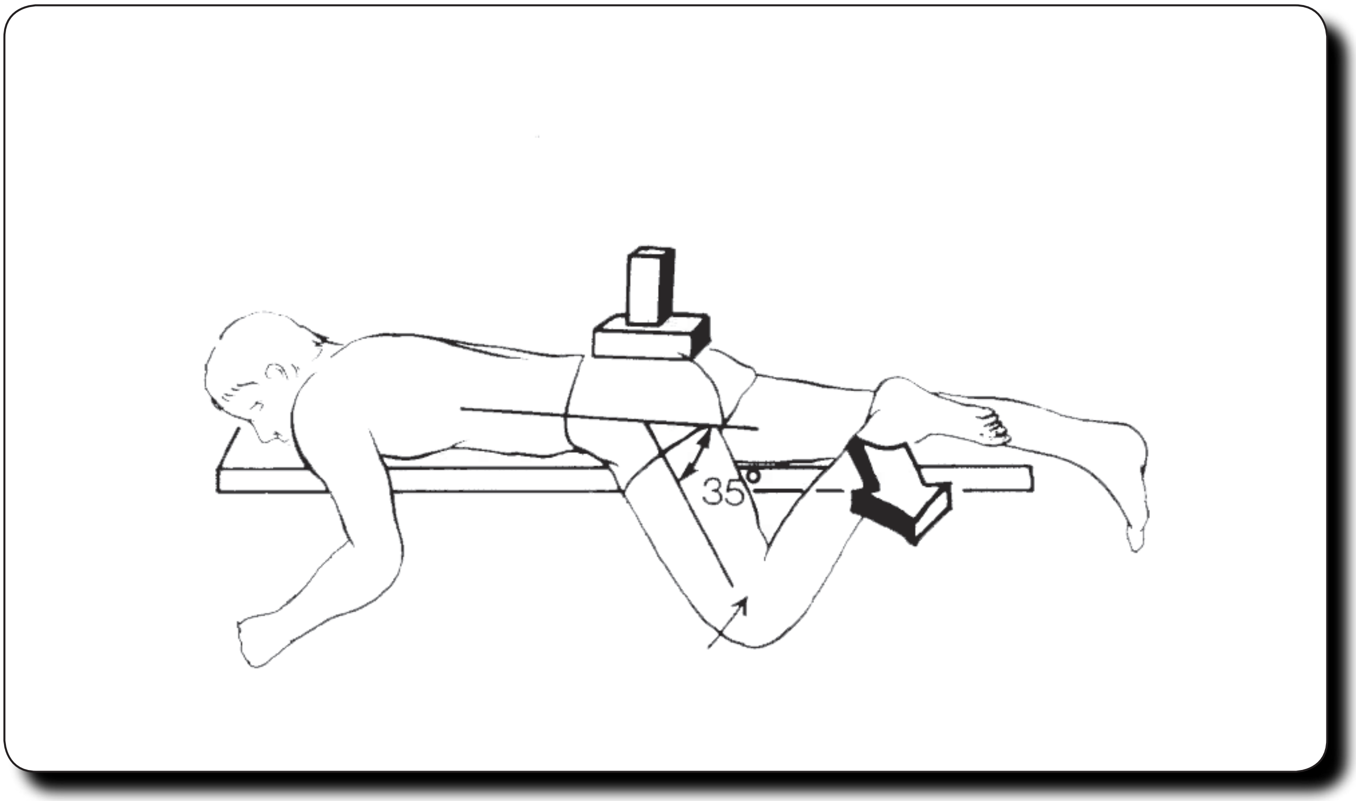
L. B. V.L. : T9R

M. M. : L5

CRANIAL: Zygomatic

FOOT: 2nd Cuneiform

NUTRIENT SOURCE: B1 (Thiamin)
1. Vitamin B (NW)



CHAPTER IV:

REACTIVE MUSCLES

REACTIVE MUSCLES

Below are listed muscles which we have found to be reactive to the muscles of the low back and abdomen. This list will be updated and expanded as further information is obtained.

MUSCLE		REACTIVE MUSCLE	
740	Coccygeus, sacral division	278	Scalenus anterior
		800	Adductor brevis
		552	Abductor pollicis longus
742	Coccygeus, coccyx division	296	Mylohyoideus
		494	Anconeus
		584	Interossei palmaris, 1st section
		710	Iliacus
		790	Tensor fascia lata
		320	Splenius capitus, mastoid division
744	Pubococcygeus	402	Pectoralis major, clavicular division
		394	Subclavius
		700	Rectus abdominis, 1st section
		330	Longissimus capitis
		338	Spinalis capitis
		860	Piriformis
		870	Gastrocnemius, medial division
		934	Flexor hallucis brevis, tibial division
746	Iliococcygeus	282	Scalenus medius
		484	Pronator quadratus
		692	Obliquus externus
		798	Pectineus
		896	Peroneus brevis
780	Gluteus medius, posterior division	424	Coracobrachialis
		400	Pectoralis major, sternal division
		724	Psoas major, thoracic division
		418	Deltoideus, anterior division
		456	Teres minor
		828	Biceps femoris, tibial division
782	Gluteus medius, middle division	700	Rectus abdominis, 1st section
		694	Obliquus externus
		806	Adductor longus
		422	Supraspinatus
		414	Deltoideus, middle division
		948	Adductor hallucis, transverse head
784	Gluteus medius, anterior division	420	Supraspinatus
		912	Extensor digitorum brevis
		546	Flexor digitorum profundus manus
		922	Flexor digitorum longus, medial division
		950	Abductor hallucis
		864	Gemellus superior

	MUSCLE		REACTIVE MUSCLE
786	Gluteus minimus, anterior division	596	Interossei dorsales manus, 3rd section
		140	Obliquus inferior bulbi
		456	Teres minor
		434	Triceps long head
		472	Deltoideus, posterior division
788	Gluteus minimus, posterior division	858	Semimembranosus
		350	Interspinalis cervicis
		448	Rhomboideus major
		846	Adductor magnus, upper division
		930	Flexor hallucis brevis, cuboid division
790	Tensor fascia lata	294	Stylohyoideus
		894	Peroneus brevis
		794	Rectus femoris, reflected head
		596	Interossei dorsales manus, 3rd section
		510	Extensor carpi radialis longus
		852	Gluteus maximus, coccygeal division
		612	Spinalis thoracis, lower division
792	Tensor fascia lata, lateral division	124	Pterygoideus lateralis, superior division
		440	Articularis cubiti
		734	Multifidus, lumbosacral division
		948	Adductor hallucis, transverse head
		428	Latissimus dorsi, thoracic division
794	Rectus femoris, reflected head	702	Rectus abdominis, 2nd section
		696	Obliquus internus abdominis
		830	Vastus lateralis, upper division
		504	Flexor carpi radialis
		462	Infraspinatus, inferior division
		542	Flexor digitorum superficialis
796	Rectus femoris, straight head	700	Rectus abdominis, 1st section
		718	Transversus abdominis, lower division
		692	Obliquus externus
		508	Palmaris longus
		826	Biceps femoris, long head
		460	Infraspinatus, medial division
798	Pectineus	402	Pectoralis major, clavicular division
		692	Obliquus externus abdominis
		910	Extensor digitorum longus, lateral division
		924	Flexor digitorum longus, lateral inferior div..
		666	Iliocostalis thoracis
		330	Longissimus capitus
800	Adductor brevis, right	722	Psoas major, lumbar division
		378	Constrictor pharyngis, inferior division
		710	Iliacus
		870	Gastrocnemius, medial division
		744	Pubococcygeus
		886	Tibialis posterior, tibial division

MUSCLE		REACTIVE MUSCLE	
802	Adductor brevis, left	722	Psoas major, lumbar division
		378	Constrictor pharyngis, inferior division
		710	Iliacus
		870	Gastrocnemius, medial division
		744	Pubococcygeus
		886	Tibialis posterior, tibial division
804	Adductor longus	436	Triceps, lateral head
		332	Semispinalis capitis
		120	Pterygoideus medialis, pterygoid division
		588	Interossei palmaris, 3rd section
		886	Tibialis posterior, tibial division
806	Adductor longus, superior division	466	Subscapularis
		534	Extensor pollicis brevis
		716	Transversus abdominis, upper division
		728	Psoas minor
		848	Gluteus maximus, iliac division
		930	Flexor hallucis brevis, cuboid division
808	Gracilis	466	Subscapularis, 2nd section
		276	Sternocleidomastoideus, clavicular division
		480	Brachioradialis
		122	Pterygoideus medialis, palatine division
		542	Flexor digitorum superficialis, medial div.
		960	Lumbricales pedis, 3rd section
810	Sartorius	442	Biceps brachii, long head
		390	Pectoralis minor
		328	Longissimus cervicis
		618	Longissimus thoracis
		456	Teres minor
		460	Infraspinatus, medial division
812	Obturator externus	718	Abdominis transversus
		512	Extensor carpi radialis longus
		824	Biceps femoris, short head
		272	Trapezius, upper division
		666	Iliocostalis dorsi (thoracis)
		348	Iliocostalis cervicis
814	Quadratus femoris	838	Vastus intermedius, lateral division
		434	Triceps, long head
		736	Iliocostalis lumborum
		888	Tibialis posterior, fibular division
		648	Serratus posterior, superior division
		976	Interossei plantares, 3rd section
816	Vastus medialis, upper division	542	Flexor digitorum sublimus
		532	Extensor pollicis longus
		834	Vastus lateralis, lower division
		706	Rectus abdominis, 4th section
		558	Opponens pollicis

MUSCLE		REACTIVE MUSCLE	
818	Vastus medialis, middle division	296	Mylohyoideus
		794	Rectus femoris, reflected head
		400	Pectoralis major, sternal division
		414	Deltoideus, middle division
		858	Semimembranosus
		886	Tibialis posterior, tibial division
820	Vastus medialis, lower division	568	Adductor pollicis obliquus
		114	Masseter, superficial division
		408	Serratus anterior, superior division
		828	Biceps femoris, long head
		610	Spinalis thoracis
822	Obturator internus	278	Scalenus anticus
		406	Trapezius, middle division
		272	Trapezius, upper division
		348	Iliocostalis cervicis
		664	Iliocostalis dorsi (thoracis)
		428	Latissimus dorsi, thoracic division
824	Biceps femoris, short head	882	Tibialis anterior, cuneiform division
		794	Rectus femoris, reflected head
		444	Biceps brachii, short head
		508	Palmaris longus
		830	Vastus lateralis, superior division
		878	Plantaris
826	Biceps femoris long head, fibular division	398	Pectoralis major, costal division
		510	Palmaris brevis
		322	Splenius capitus
		738	Longissimus lumborum
		854	Semitendinosus
		988	Plantaris
828	Biceps femoris long head, tibial division	800	Adductor brevis
		704	Rectus abdominis, 3rd section
		490	Pronator teres, superior division
		400	Pectoralis major, sternal division
		120	Pterygoideus medialis, pterygoid division
		936	Flexor hallucis brevis, medial division
830	Vastus lateralis, upper division	310	Longus coli, upper oblique division
		702	Rectus abdominis, 2nd section
		690	Pyramidalis
		550	Flexor digiti quinti brevis manus
		870	Gastrocnemius, medial division
		922	Flexor digitorum longus, medial superior division
832	Vastus lateralis, middle division	436	Triceps, lateral head
		692	Obliquus externus abdominis
		546	Flexor digitorum profundus manus, medial division
		420	Supraspinatus
		854	Semitendinosus
		784	Gluteus medius, anterior division

MUSCLE		REACTIVE MUSCLE	
834	Vastus lateralis, lower division	442	Biceps brachii, long head
		586	Interossei palmaris, 2nd section
		820	Vastus medialis, lower division
		828	Biceps femoris, long head
		742	Coccygeus, coccyx division
		962	Lumbricales pedis, 4th section
836	Vastus intermedius, medial division	910	Extensor digitorum longus
		284	Scalenus, posterior division
		118	Masseter, deep division
		430	Latissimus dorsi, lumbar division
		854	Semitendinosus
		438	Triceps, medial head
838	Vastus intermedius, lateral division	424	Coracobrachialis
		724	Psoas major, thoracic division
		514	Extensor carpi radialis brevis
		560	Opponens pollicis
		824	Biceps femoris, short head
		954	Abductor digiti minimi pedis
840	Articularis genu	436	Triceps, lateral head
		698	Obliquus internus, lateral division
		822	Obturator internus
		784	Gluteus medius, anterior division
		758	Interspinalis lumborum
		422	Supraspinatus
842	Adductor magnus, lower division	724	Psoas major, thoracic division
		468	Subscapularis, 3rd section
		796	Rectus femoris, straight head
		476	Teres major
		648	Serratus posterior, superior division
		900	Extensor hallucis longus
844	Adductor magnus, middle division	118	Masseter, deep division
		656	Diaphragma
		700	Rectus abdominis, 1st section
		110	Temporalis, parietal division
		820	Vastus medialis, lower division
		618	Longissimus thoracis
846	Adductor magnus, upper division	424	Coracobrachialis
		428	Latissimus dorsi, thoracic division
		498	Supinator, deep division
		722	Psoas major, lumbar division
		744	Pubococcygeus
		900	Extensor hallucis longus
848	Gluteus maximus, iliac division	494	Anconeus
		052	Occipitalis
		342	Rectus capitus posterior, major division
		412	Deltoideus, middle division
		814	Quadratus femoris
		854	Semitendinosus

	MUSCLE		REACTIVE MUSCLE
850	Gluteus maximus, sacral division	402	Pectoralis major, clavicular division
		588	Interossei palmaris, 3rd section
		696	Obliquus internus abdominis
		472	Deltoideus, posterior division
		792	Tensor fascia lata
		404	Trapezius, lower division
852	Gluteus maximus, coccygeal division	292	Digastricus, posterior belly
		496	Supinator, superficial division
		474	Deltoideus, posterior division
		652	Serratus posterior, inferior division
		430	Latissimus dorsi, lumbar division
		744	Pubococcygeus
854	Semitendinosus	402	Pectoralis major, clavicular division
		530	Extensor pollicis longus
		110	Temporalis, parietal division
		924	Flexor digitorum, laterial inferior division
		960	Lumbricales pedis, 3rd section
		740	Coccygeus, sacral division
856	Semimembranosus	810	Sartorius
		902	Extensor hallucis longus
		428	Latissimus dorsi, thoracic division
		886	Tibialis posterior, tibial division
		346	Obliquus capitis, superior division
		456	Teres minor
858	Semimembranosus	422	Supraspinatus
		598	Interossei dorsales manus, 4th section
		896	Peroneus brevis
		670	Semispinalis thoracis
		852	Gluteus maximus, coccygeal division
		920	Flexor digitorum brevis pedis, medial div.
860	Piriformis	480	Brachioradialis
		948	Adductor hallucis, transverse head
		888	Tibialis posterior, fibular division
		858	Semimembranosus
		332	Splenius capitis, mastoid division
		758	Interspinalis lumborum
862	Gemellus, inferior division	402	Pectoralis major, clavicular division
		510	Extensor carpi radialis longus
		538	Flexor pollicis brevis
		914	Extensor digitorum brevis, lateral division
		062	Orbicularis occuli, lower division
864	Gemellus, superior division	542	Flexor digitorum, superficialis, medial div.
		484	Pronator quadratus
		130	Rectus superior bulbi
		790	Tensor fascia lata
		464	Subscapularis, superior division
		976	Interossei plantares, 3rd section

GLOSSARY of ABBREVIATIONS

Ant	Anterior
ASIS	Anterior superior iliac spine of ilium
BL	Bilateral
Contralateral	Pertains to opposite side of the body (R or L) from reference
CN	Cranial Nerve
EAC	External Auditory Canal
EOP	External occipital protuberance
I.C.S.	Intercostal space
Ipsilateral	Pertains to same side of the body (R or L) as reference
L	Left or Lumbar
Lat	Lateral
L.B.	Lovett Brother
M.A.P.	Muscle acupuncture point
Midline	Midline of the body or organ
M.M.	Myomere, direct nerve supply to muscle
M.T.P.	Muscle Testing position
Post	Posterior
PSIS	Posterior superior iliac spine of ilium
Sup	Superior
R	Right
SCM	Sternocleidomastoideous muscle
V.L.	Vertebral Level, A level of the spinal column where the somato-visceral relationships are expressed
VOR	Visceral Organ Reflexes

MERIDIANS

B	Bladder
Cv	Conception Vessel
Cx	Circulation / Sex
G	Gallbladder
H	Heart
K	Kidney
Li	Large Intestine
Lu	Lung
Lv	Liver
P	Pericardium (same as Circulation Meridian)
Si	Small Intestine
Sp	Spleen
St	Stomach
Tw	Triple Warmer
X	Extra (outside of normal Meridians)
Gv	Governing Vessel

NUTRIENT SOURCE

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